MARYLAND STATE DEPARTM	ENT OF HEALTH-	-BALTIMORE, 18	0.4 14 10 0
TOO CEPTIEIC	ATE OF DEATH		01703
1700 CERTIFICA	AIE OF DEATH	Re	g. Dist. No.
1. PLACE OF DEATH O. COUNTY ARIZOLLA MARYLAND	2. USUAL RESIDENCE (Where	deceased lived. If institution: R	esidence before admission)  4 RRALL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL	L and give nearest town)
UNION BRINGE 8WEEKS	XUNION.	TOWN	
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO 2
1 VILAN	. 12		
3. NAME OF First Middle DECEASED A A A A A A A A A A A A A A A A A A A	Lost 4	DATE Month	Day Year
(Type or print) LYDIA MAUDE ALBA	14H	DEATH /- EB	17 1957
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  DIVORCED  DIVORCED	8. DATE OF BIRTH  SEPT 23 - 191		INDER 1 YEAR IF UNDER 24 HRS. Inths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU	/ 0 /		12. CITIZEN OF WHAT COUNTRY
during most of working life, even if retired)	- 1000	A 1 1 A	1) (
HOUSE KEEPER ATHOME	14 MOTHER'S MAIDEN NA	AIVD	0,3,
	14. MOTHER'S MAIDEN NA	NE -	
EZRA NUSBAUM	MARYI	RIDER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)  (If yes, give wer or dates of service)	RS RUSSELL	HODE IZ ILA	RURAL, MU
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		11000000,010	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0.7-		ONSET AND DEATH
IMMEDIATE CAUSE (0)	Willia 50	eroces	yeare
ff 0.0 DUE TO			0
Conditions, if any, which (b)			
gave rise to immediate couse (a), stating the under-			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
lying couse lost. (c)			
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) Hour o. m. While Not while of work

MEDICAL p. m. 21. I certify that I attended the deceased from 

\_\_\_\_, and that death occurred at 7,50 M, from the causes and an the date stated above. alive on\_ ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)

(County)

(State)

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur S. Kraces

VS A15 (4) 15M 10/57 ET ENCHITAME-STAGESTAG THEMTRATEGETATE CHANTESM.

01704 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Carroll				MARYLAND	2.	usual RESIDENCE (W STATE Maryland	/here deced	osed lived	. If instituti	on: Residen	ce befo	re odmiss City	ion)
b. CITY OR TOWN (I	f outside corporate limi	ts, write	c. LENGTH	OF STAY IN 16		c. CITY OR TOWN (IF	outside cor	rporate ti	mits, write R	URAL and	give nec	rest town	1)
Sykesvi.	lle		6mo.	6 days	3	Baltimore	-		to the second	3 VO	1 -1	4	
OR INSTITUTION	AL (If not in hospital, g					d. STREET ADDRESS		- 1			-	e. IS RES	IDENCE FARM?
Springf:	ield State	Hosp	ital			St. James	Hote	el					NO 🔀
3. NAME OF DECEASED	Fir	st		Middle		Lost	4. DATI	E	Mon	ith	Da	y	Year
(Type or print)	Estel			Durham		Armstrong	DEAT	TH	Febru	arv	19		1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVE	R MARRIED	B. D.	ATE OF BIRTH		9. AG	E (In years birthdoy)	IF UNDER	-	-	
Female	white	WIDOWE	0	DIVORCED	1 5	eptember 2	29. 19	280	78 yrs.	Months	Days	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUS	SINESS OR IND				n country)		12. CIT	IZEN O	F WHAT	COUNTRY
Housewi		-				Maryland	1				U25	575.	
13. FATHER'S NAME					14	MOTHER'S MAIDEN	NAME						
Columbus	s Durham					Elizabet	th Re	ichst	tine				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECU	JRITY NO. 17.	INFO				Add	ress			
no.	(If yes, give war or dates of s	21	2-09-2	1901D C	Spr	ingfield Ho	asnit:	al Re	cords				
	TH [Enter only one co	use per lir	ne for (o), (b).				<u> </u>					RVAL BE	
PART 1. DEA	TH WAS CAUSED BY:					8	1		0		ONS	ET AND	DEATH
422.	IMMEDIATE CAUSE (o		ola	uca	مار	accur			ممير				
Conditions, if o	au sublah )										-	rec	aus
gave rise to i	mmediote (	,						-			-	-	
tying cause last.	ine under-												
	J (c TER SIGNIFICANT CON		ONTRIBUTING	G TO DEATH BL	JT NOT	RELATED TO THE TERM	AINAL DISE	ASE CON	DITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
OF BES	oc. with ce											FERFO	RMED?
LE 1200 ACCIDENT WA	S UNDERLYING []  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW II	NJURY OCCUR	ED. (E	iter noture of injury in	Port 1 or P	Port II of	react	ion.		163 🖸	NO AL
	Y Month, Day, Yes	- 00 1 1	NJURY OCCU	0050 30- 6	DIACE	SE MINIBY III.	1004.45	P+,					
20c. TIME OF INJUR Hour o. m. p. m.	19 19	While	Not whi	ile f	octory.	OF INJURY (Home, for street, office bldg., el	m, 1201. (C	lity of to	wn)	(0	County)		(State)
21. I certify th	at I attended the	decease	ed from	8/13		, 19 58 to	2/19		., 19_5	9.thot I	last so	w the	decease
olive an 2/	19					curred ot	M. fr	om the	causes o	and on t	he da	te state	ed abave
							ADDRESS	(Street, c	ity or town,	stote)	ic da	D	ATE SIGNE
ACTUAL SIGNATURE	pres #	B	alm	me c	≤ M.D.	Springfi	eld S	state	Hosp	ital_			
PHYSICIAN'S NAME (Type)				EC M		Sykesvil	le, M	lary]	and	2/19	/59		
REMOVAL (Specify)		5-9	22c. NAME	OF CEMETERY	OR CR	EMATORY CEM.	22d. LOG	ALT	City, town,	or county)		MI	e)
23. FUNERAL DIRECTOR	S SIGNATURE	MI	ADDRES	\$ E. 7	Lac.	24a. REC	EB 2 REG	ISTRAR	24b. REGI	STRAR'S SIG	SNATUE	RE.	
7	7/1	4/ (	MAR	minse	7	- DAIL			1				

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01705 Reg. Dist. No.

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY

**CERTIFICATE OF DEATH** 

MARYLAND

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ispital ar attending physician.	prol director,	I for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 sha be filed with	
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1. PLACE OF DEATH
a. COUNTY

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	TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by	page 3 shauld be associated for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2		
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may be reigined by the naspinal or arrending physician.	0	bd	the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.	
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	Carroll	Maryland Balto City
	b. CITY OR TOWN (Il outside carporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (II outside carporate limits, write RURAL and give nearest tawn)
	Sykesville lmo.ludays	Baltimore 3V01-4
l	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Constitution	d. STREET ADDRESS  o. 15 RESIDENCE ON A FARM?
ŀ	Springfield State Hospital  3. NAME OF First Middle	1559 Waverly Way, Zone 12 YES NO
	(Type or print) Harry Simpson	Belsinger Death February 6, 1959
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED  White  Widowed Divorced	B. DATE OF BIRTH  9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday)  71. Yes.  72. Yes.
1	00. USUAL OCCUPATION (Give kind al work dane during most al working life, even il retired) Furniture salesman -	JSTRY 11. BIRTHPLACE (Stole or fareign country)  Georgia  12. CITIZEN OF WHAT COUNT U.S.A.
•	13. FATHER'S NAME  Jacob Belsinger	14. MOTHER'S MAIDEN NAME Rachel Simon
	15. WAS DECEASEDEVER IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17.  (Yes. no. or unknown)  (If yes. give wor or dates of server)  100 190 2 to 190 5 212-09-1831	Springfield Hospital Records
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Bronchopneumons	La ONSET AND DEATH
	Canditians, il any, which )	
	gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b)	
	C.B.S. assoc. With cerebral arterios	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN PART 1(a) 19. WAS AUTOPSY PERFORMED?  PERFORMED?  YES NO **
		ED. (Enter nature af injury in Part I ar Part II al item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while at work at work	LACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State clary, street, affice bldg., etc.)
	actual Cantini all Cantan	22, 19 58, to February 6, 159, that I last saw the decease accurred at 6:02A M, from the causes and an the date stated about ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)  Springfield State Hospital 2/6/59
	PHYSICIAN'S Agustin delCampo, M.D.	Sykesville, Maryland.
F	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C Burial Feb. 9.1959 Western Ceme	(Side)
L	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE

TRANSPORTED BEING THE DEPARTMENT OF HEALTFELT INCOME TO ATTAND TO ETTANHINED ... TO STATE The mit-self-file (19) Are a risk to a reserve • en variant, que le Roya de Partende de Ribert de Saladorne de Lorin nou via antique de l'italia (fision fota Lorina engletan (sella film de la Parte de La Lagra de Annian (film) de Ribert La America del Carlonia The Anterior Control of Control of the Control of t 

1703 **CERTIFICATE OF DEATH** 

01766 Par Dist No.

	• MARYL	a. STAT	residence (where the ryland	ere deceased l	b. COUNTY	anı Residence be	efare admis	sian)
(If autside carporate limits nearest tawn)			OR TOWN (If a			URAL and give	nearest taw	n)
ykesville	13 month			City,	6	3 V 0	1-4	
							ON	A FARM?
<u>ield State</u> H	ospital	4	130 Park	side D	rive		YES	] NO [[]
		Berg	Last	4. DATE OF DEATH			Doy 19	Year 19 59
6. COLOR OR RACE	7. MARRIED T NEVER MARRIE	B. DATE OF	BIRTH	9.			-	7
White	WIDOWED DIVORCED	0 11-2	22-96		62 yrs.	Manths Day	s Haurs	Min,
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ER IN U. S. ARMED FORCE		17. INFORMANT			Addi	ress		
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ATH WAS CAUSED BY:	A - 4 1 7	tic Heart	Disease			0	NSET AND	DEATH
DUE TO						]	LO yea	ars.
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THER SIGNIFICANT CONE BEATH SYNCE PROPERTY TO THE TENTON  AS UNDERLYING D  AS UNDERLYING D  AS UNDERLY OF DEATH	tion					EN IN PART I(o	19. WAS PERFO YES	AUTOPSY ORMED?
RY Manth, Day, Yea	r 20d. INJURY OCCURRED While Not while at wark at wark				r tawn)	(Caun	ly)	(State)
		M.D. ST	oringfie	M, from ADDRESS (Sire	the causes of the course of the course of the Hospi	and on the c		
Walter Kno	F 22c. NAME OF CEME		rkesvill RY	22d. LOCATIO	ON (City, tawn, o	or caunty)	(Sta	ite)
	F 22c. NAME OF CEME		RY		ON (City, tawn, o	or caunty)	(Sta	ite)
	Firs  Ital (If not in hospital, gited State H  Firs  Ical State H  Firs  Ical State H  6. COLOR OR RACE  White  ION (Give kind of wark durking life, even if retired)  Maker  VER IN U. S. ARMED FORCE  If yes, give wor or delee of te  A to 12-21-2  EATH (Enter anly one cau  IMMEDIATE CAUSED BY:  IMMEDIATE CAUSE OB:  IMMEDIATE CAUSE (a)  DUE TO  Only, which  immediate  githe under-  INTER SIGNIFICANT CONE  BY ANDERLYING (a)  CAUSE OF DEATH  VECOLOR TO BEATH  VE	First Middle  Henry John  6. COLOR OR RACE 7. MARRIED NEVER MARRIED  White WIDOWED DIVORCED  ION (Give kind of wark dane) 10b. KIND OF BUSINESS OF A COLOR OR RACE 10b. KIND OF BUSINESS OF A COLOR OF BUSINESS O	A STR    STATE   Color of Race   First   Middle	A STREET ADDRESS	International Company   Inte	A STREET ADDRESS   130 Parkside Drive   130 Parkside Drive   130 Parkside Drive   130 Parkside Drive   140 Parks	Internal in haspital, give street address    Internal i	Interval Barrer   Interval B

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the placetor, and the depoyed for use of the hundred beams. VS A15 (

CERTIFICATE OF DEATH CONTRACTOR S on makes the following the section of the control of the section o 

VS A15 (4) 1SM 9/SS

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1704

Reg. Dist. No.

01707

1. PLACE OF DEATH	roll		MARYLANI	2. USUAL RES	Marylar	re deceosed I	ived. If institution b. COUNTY			nission)
b. CITY OR TOWN (I RURAL and give no Sykesvi]	f outside corporate limit earest town) L1e		LENGTH OF STAY IN 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give				,	own) 🗸
d. NAME OF HOSPIT	AL (If not in hospital, gold State H	ve street oddr ospital	ess)	d. STREET -Spring		State	Hospital	esz.	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fin Chri	stian	Middle F.	Berry	ost	4. DATE OF DEATH	Mon 2	th	Doy 23	Yeor 1959
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED E	B. DATE OF BIR		9.	AGE (In years lost birthday) 69 yrs.		YEAR IF UN	
100. USUAL OCCUPATION during most of work Apprentice	king life, even if retired)	one 10b. KINI	D OF BUSINESS OR IN		PLACE (Stote of				U.S.A	AT COUNTRY
13. FATHER'S NAME  Alignet.  15. WAS DECEASED EVE  **Cohemic or unknown)**  **Roberto or unknown)**  **Roberto or unknown)**		rvice}	IAL SECURITY NO. 17		rbara R	RWINDX	Addi	ess		
IB. CAUSE OF DEA	ATH [Enter only one country one country was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		r (o), (b), ond (c).]						INTERVAL ONSET AF	BETWEEN ND DEATH
Conditions, if a gave rise to i couse (a), stating lying couse last.	mmediate the under- (c)		ralized ar			IAI DISEASE	CONDITION GIVE	ENI INI DADT	year	
Epilept:  200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	ie psychosi		e HOW INJURY OCCUI					LIV IIV I AKI	PER YES	FORMED?
	CAUSE OF DEATH MEDICAL EXAMINER)			PLACE OF INJURY		20f. (City o		IC.	ounty)	(Stote)
20c. TIME OF INJUR Hour o. m. p. m.	19	While of work	Not while of work	foctory, street, offi	ce bldg., etc.)					
actual SIGNATURE	at 1 attended the 2-22 -	. 1959 lel	from March	oth accurred a	5:00 A	M, fram DDRESS (Stree	et, city or town, cate Hos	and an the		
270. BURIAL, CREMATIO REMOVAL (Specify) Burial			c. NAME OF CEMETERY		2	·	imore,			itote)
23. FUNERAL DIRECTOR	S SIGNATURE ICENTER	4 fo	ADDRESS	nd.	24g. REC'D	BY REGISTRA	AR 24b. REGIS	STRAR'S SIGN	NATURE	

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he law requires that the death certificate be executed within 24 haurs after death. Page 4	Ö	ias been signed by the attending physician and completely filled in by the	ial-transit permit. Then please remaye carban papers. Pages 1 and 2 should filled with
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1705

**CERTIFICATE OF DEATH** 

01708

					Keg. Dist.	. No.
	PLACE OF DEATH O. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (When o. STATE		If institution: Residence	before admission)
	b. CITY OR TOWN (If autside carporale limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	tside corporate limit	s, write RURAL and give	re nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS	ter to	ic.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) WayrEN	W. BLIZ	LAY D,	4. DATE OF DEATH	Publi	Doy Year 17 19-59
5.	Male Esfete WIDOWI	- THE CONTRACTOR	B. DATE OF BIRTH 1923	9. AGE lost b	1 1 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
	D. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	orm winder	1	r foreign country)	12. CITIZ	EN OF WHAT COUNTRY?
13.	Charles R. Br	lizzard	14. MOTHER'S MAIDEN NA	INE Ja	Lipsley	
15.  Ye	WAS DECEASED EVER IN U. S. ARMED FORCES?  If yes, give war or dates of services  (If yes, give war or dates of services)	SOCIAL SECURITY NO. 17. 1	Wellow Blis	said:	Address	ville, my
	1B. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	me for (0), (b), and (c).] My a lar de	In, Carons	my the	mboris	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which (b)					to
	gave rise to immediate cause (a), slating the <u>under-lying cause last.</u> (c)					177ch 59
CATION	PART II. OTHER SIGNIFICANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING ACCONTRIBUTING ACCOUNT DESCRIPTION OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	ert I ar Part II of ite	m 18.)	
MEDICA	20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 White p. m. 19	Not while for	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City or town)	) (Co	ounty) (State)
	21. I certify that I attended the decease	ed fram Huy	, 1955, to /	A from the c		est saw the deceased
	ACTUAL SIGNATURE STATEMENT &	Hall		DDRESS (Street, city		DATE SIGNED
	PHYSICIAN'S HOWAYDE	Halk	SYKE	25V121	Le ML	2
22c	P. BURIAL, CREMATION, 226. DATE THEREOF 2-20-59	22c. NAME OF CEMETERY O	R CREMATORY 2	22d. LOCATION (Cit	(Avelle)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS COMMENTER	le Med 240. REC'D	BY REGISTRAR	24b. REGISTRAR'S SIGN	

VS A15 (4) 15M 10/57

CALLY CLOSE COMMENT OF LAW WHITE THE WINDOW

01709

	1706 CERTI	FICATE OF DEATH	Reg. Dist. No.
	PLACE OF DEATH  o. COUNTY  Garroll  MARY	(LAND 2. USUAL RESIDENCE (Where deceased lived. I o. STATE Maryland b.	Il institution: Residence before admission) COUNTY Carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)  Taneytown  Lifetime	IN 1b c. CITY OR TOWN (If outside corporate limit:	s, write RURAL and give nearest town)
0	d. NAME OF HOSPITAL (II not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES \( \text{NO} \)
	NAME OF First Middle DECEASED (Type or print) Lulu B	Losi 4. DATE OF DEATH	Month Day Year February 2, 1959
	Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCE	□□ October 8, 1885 7	(In years IF UNDER 1 YEAR IF UNDER 24 HR: irthdoy) 3 yrs. Days Hours Min.
	00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework  3. FATHER'S NAME	Maryland	U.S.A.
	Warren Brower  5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	14. MOTHER'S MAIDEN NAME  Lydia Saylor  17. INFORMANT	
	Yes, no. or unknown)  (If yes, give wor or dates of service)  NO  NO  NO  NO	Mr. Paul Brower, Taneyt	own, Maryland
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  CORD N	· ·	INTERVAL BETWEEN ONSET AND DEATH
	cause (o), stating the <u>under-lying cause last.</u> DUE TO  (c)	CLEROTIC CARDIO VASCU	LARDIGERSE YE
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE		PERFORMED? YES NO
	OR CONTRIBUTING   CAUSE OF DEATH	CCURRED. (Enter noture of injury in Port 1 or Part II of iter	m 18.}
	20c. TIME OF INJURY Month, Doy, Year Hour a.m. 19 White Not while of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	) (County) (State
	alive on 1861 attended the deceased from fundative on 1861 and that ACTUAL SIGNATURE TANKS J. More of	death accurred at J. A.M., fram the c  ADDRESS (Street, city	
1	PHYSICIAN'S JAMES T MAR.	SH Washinister	mak
	Burial Feb. 4, 1959 Lutherar		n, Maryland
0	3. FUNERAL DIRECTOR'S SIGNATURE  MERCY TO THE STATE ADDRESS  C.O. FUSS & Son Taneytown, Ma	SER 4 '59	CATHWA S. Haus

VS A15 1SM 9/

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1707

CERTIFICATE OF DEATH

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		Reg. Dist. N	No.
o. COUNTY Carroll	2. USUAL RESIDENCE (Where o. STATE	Deceased lived. If institution: Residence be b. COUNTY	efore admission)
b. CITY OR TOWN (If owtside corporate limits, write RUBA) and give negrest tawn)	AY IN 16 c. CITY OR TOWN 10 outsi	ide corporate limits, write RURAL and give	nearest town)
d. NAME OF MOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)  TASPEY  Mid	Bullock 4.	DATE Month OF DEATH FILE 5	Doy Year
111414	RCED 1 april 1, 189	last birthday) Months Day	AR IF UNDER 24 HRS s Hours Min.
during most of working life, even if refired)	9 OR INDUSTRY 11. BIRTHPLACE (Stole or f	foreign country) 12. CITIZEN	S.A.
James Bullock	Another's Maiden NAM	Bullock	
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, give wor or doles of service) 2/3-18.8	NO. 17. INFORMANT	ellock Anhers	lle nes
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CORONARY  T	- 1 1	cotension, "	NTERVAL BETWEEN
Conditions, if ony, which ) the Core bral	Hemorrhage, ART	eriosilerobis	1958
gove rise to immediate couse (a), stating the under- lying couse last.  DUE TO  (c) Se Nerg/12e	d, Anemin,		Feb 59
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DEATH BUT NOT RELATED TO THE TERMINAL	L DISEASE CONDITION GIVEN IN PART 1(a	PERFORMED?
	Y OCCURRED. (Enter noture of injury in Port	I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED While Not while of work of work of work	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or tawn) (Count	ty) (State
21. I certify that I attended the deceased from	July , 1958, to 5 3	1959, that I last	saw the decease
ACTUAL Howard & Hall		DRESS (Street, city or town, state)	DATE SIGN
PHYSICIAN'S HOWAYD E, HO	Zhih -		
o. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CO. STANDOVAL (Specify) 2/7/59	EMETERY OR CREMATORY 220	d. LOCATION (City, town, or county)	(Stote)
EUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY	Y REGISTRAR 24b. REGISTRAR'S SIGNAL 1'59 Carling S. Fra	

01711

		D.S.	CERTIF	ICAT	E OF DE	ATH			Reg. Dis	it. No.	
1. PLACE OF DEATH o. COUNTY	arroll		MARYL	- 11		aryla		d lived. If institu b. COUNT	v	e before odm	
b. CITY OR TOWN RURAL and give Sykesvil	(If autside corporate lim neorest town) 1e		ELENGTH OF STAY II		c. CITY OR TO		tside corpo	rote limits, write	RURAL and a	a.	wn)
d. NAME OF HOSE OR INSTITUTION Springfi	PITAL (If not in hospitol. ( eld State H	ospita	dress)		d. STREET ADD 539 N		rket S	St.		I ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Annie	Bell	Middle e Johnson	Bu	rriss		4. DATE OF DEATH	Febru	ary	Day 2,	Yeor 1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIEI	DIVORCED	A	ugust	19,1	379	9. AGE (In years lost birthday) 79 yrs	Months	Days Hour	
10o. USUAL OCCUPAT during most of we Nurse	TION (Give kind of work orking life, even if retired	done 10b. KI	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLAC		r foreign co	ountry)		S.A.	AT COUNTRY?
13. FATHER'S NAME				1.	. MOTHER'S MA	AIDEN NA	ME				
Smith J					Unimo	wn (	clar	in The	edm	and	
15. WAS DECEASED EN	VER IN U. S. ARMED FOR		CIAL SECURITY NO.	17. INFO	RMANT			Ad	dress		
No	<b>G</b> in		UME	Sp	ringfie	ld H	ospita	al Recor	ds		
PART 1. Di  420.0  Conditions, if gave rise to couse (o), stotin lying couse lost	ony, which immediate g the under-	)A	rterioscle							INTERVAL ONSET AN Yea	D DEATH
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CON SSOC. WITH C CHOTIC PEACT VAS UNDERLYING IG CAUSE OF DEATH Y MEDICAL EXAMINER)	ion.	NTRIBUTING TO DEAT						VEN IN PART	1(a) 19. WA PERI YES [	S AUTOPSY ORMED?
20c. TIME OF INJU	. 10	While	Not white at work	Oe. PLACE factory.	OF INJURY (Han street, affice bl	me, form, dg., etc.)	20f. (City	or town)	(C	aunty)	(State)
21. I certify alive an Feb  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	that I attended the bruary 2,  fucus f  Edmund Lus	Le.	and that d		Sprin	£20A A gfie	M, fram DDRESS (SI 1d St.	2, 1959 the causes reet, city or town ate Hosp	and on th	e date sta	e deceased ited abave. DATE SIGNED 2/59
220. BURIAL, CREMATI BEMOVAL (Specif	ON, 22b. DATE THEREC	59	Charles	fille	EMATORY—		2d. LOCAT	ION (City, town,	or county)	Med (SI	ate)
23. FUNERAL DIRECTO	R'S SIGNATURE	ialt	ADDRESS	cille	Luin	io. REC'D	BY REGIST		rthung 8.	1 -	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTAR R: After this certificate has been signed by the attending physician and completely filled in by the real director, page 3 should be setached for use as the buriol-transit permit. Then please remove carbon pagers. Pages 1 and 2 shall be filled with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/5S

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18

**CERTIFICATE OF DEATH** 

01712 Reg. Dist. No.

		1	709		CERT	TIFIC.	ATE C	F DE	ATH			Reg. E	ist. No		116
1. P	LACE OF DEATH		1				2. USUA	L RESIDEN	CE (Wher	e decease	d lived. If instituti	anı Reside			sion)
a.	Carr	oll			MAI	RYLAND	o. ST	Ma	ryla	nd	b. COUNTY		Balt	o.Ci	ty
ь	CITY OR TOWN (If RURAL ond give ne	outside carporate lim	its, write	c. LEN	IGTH OF STA	Y IN 16	c. Cl	Y OR TOW	/N (If out	side corpo	orate limits, write R	URAL and	give ne	arest taw	n)
5	ykesville			343	rs.10m	nos.1	days	Ba	ltim	ore		3 V	5/-	14	
d	OR INSTITUTION	AL (If not in hespitol,	give street	oddress	)		d. S1	REET ADDR	RESS				1	e. IS RE	SIDENCE A FARM?
S	pringfiel	d State He	spit	al				120	4 S.	Char!	les Stree	t			NO.
D	AME OF ECEASED ype or print)	Mar	rst I	E.	(M11)	-	BYR	lost NES	1	OF DEATH	Februa		26	,	Yeor 19 59
5. SE	x	6. COLOR OR RACE	7. MARI	A Gais	NEVER MAR	RIED 🔲	B. DATE C	F BIRTH			9. AGE (In years			IF UND	ER 24 HRS.
	Female	White	WIDOW	ED 🔲	DIVOR	CED 🔲	Marc	h 20,	189	l	fost birthdoy) 67 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND C	F BUSINESS	OR INDU	STRY 11. E	IRTHPLACE	(Stote or	foreign c	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY
	Housewife	ng life, even if retired	"	•	•		100	Maryl	and			U	.S.A		
3. F	ATHER'S NAME						14 MO	THER'S MA	IDEN NA	ME					
	Joseph Mi	ller					M	ary D	aley						
15. V		IN U. S. ARMED FOR		SOCIAL	SECURITY N	10. 17. 1	NFORMAN	IT			Add	ress			- 1
	No	-			-	S	pring	field	Hos	pita.	l Records	3			
		TH [Enter only one co	ouse per li	ne for (	o), (b), ond (d	c).]							INT	ERVAL BI	TWEEN
		H WAS CAUSED BY: IMMEDIATE CAUSE (c	Ar	teri	oscler	rotic	hear	t dis	ease				70.00	SET AND	
	420,0	DUE TO	)					100		W.					
	Conditions, if on		Ge	nera	lized	arte	riosc	leros	is				Y	ears	
	gove rise to in cause (a), stoting t		)				19		5/16/		A				
	lying couse lost.	) (0													
SATION	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	ONTRI	BUTING TO D	EATH BUT	NOT RELA	TED TO THE	TERMINA	AL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY PRMED?
		enic react	clon,	par	anoid	type	•								NO
0 1	200. ACCIDENT WAS OR CONTRIBUTING IF EITHER, NOTIFY I	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE H	OW INJURY	OCCURRE	D. (Enter n	oture of inj	ury in Par	rt I or Por	t II of item 1B.)				
MEDICAL	Oc. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. II While of wor	_ N	ot while	20e. PL fo	ACE OF IN	JURY (Hom- t, office bld	e, farm, g., etc.)	20f. (City	or town)		(County)		(Stote)
		at I attended the				1e+ 5		ĽR.	Fah	2311 0 231	r 26 Es	)			
	alive an Rebi						١١ ،٤	20, 10	254	ruar,	y 26, 1959	,that I	last so	aw the	decease
	alive an Front	uai 1 201	, 19	21	, and the	of death	accurre	d at Z.s.			n the causes o		the da		ed abave ATE SIGNE
	ACTUAL	14	R				C	nnina			spital	stole)		2/	26/50
1	SIGNATURE	Mr. 81		مالم	we c		M.D	br mik	TTET	d IIO;	Sproar				20/29
i	PHYSICIAN'S NAME (Type)	Yves H. B	oenne	c, l	1.D.		S	ykesv	ille	, Mai	ryland				
	STRIAL, CREMATION REMOVAL (Specify)	22b. DATE THEREC	59	200	PLACE	METERY O	R CREMATI	ory In	red	2d. LOCA	TION (City, town,	or county)	na	(518)	The
13(1	DINERAL DIRECTOR'S	SIGNATURE.	. 1	A	DORESS	0	, ,	240	REC'D	REGIST	RAR 24b. REGI	STRAR'S S	IGNATU	RE	
4	alla	TUIL	1	92	16,	Ta	el (x	MA	FER S	7 '59					
and the last				7				-		-	Cist	FILLY 8	45.	4	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY Filed MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 24 puo 2. 3. NAME OF 4. DATE First Middle Filled DECEASED OF DEATH (Type or print) ALVERTA Pages 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) ete Months DIVORCED | WIDOWED -100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if any, which gove rise to immediate DUE TO cause (a), slating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED Day, Year foctory, street, office bldg., etc.) Haur a. m. While Not while of work of work p. m 21. I certify that I attended the deceased from ... 19\_\_\_\_,that I last saw the deceased \_\_\_\_\_, and that death accurred at $\overline{Z}$ $\overline{A}$ M, from the causes and an the date stated above. ACTUAL PHYSICIAN'S NAME (Type) n 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY abod REMOVAL (Specify) e

ADDRESS

VS A15 (4) 15M 10/57 23. FUNERAL DIRECTOR'S SIGNATURE

death.

ofter

e. IS RESIDENCE ON A FARM?

Days

(County)

24b. REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR

YES NO [

PERFORMED? YES NO

(Stote)

(State)

Year

19.59

Min.

FUNER, poge 0

15M 9/55

Reg. Dist. No.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO P Day Year 195 IF UNDER 1 YEAR IF UNDER 24 HK Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (Stote) 1957, that I last saw the deceased and that death accurred at 2 PM, from the causes and an the date stated above. 22d. LOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE 1 8 59 and the thought as

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01715

**CERTIFICATE OF DEATH** 

Rea Dist No

					Neg. Dist	. 110.
1. PLACE OF DEATH a. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryl	nere deceased lived. If institution b. COUNT		to.City
b. CITY OR TOWN ( RURAL ond give n  Sykesvil		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write	RURAL ond gi	ve nearest town)
d. NAME OF HOSPI OR INSTITUTION Springfi	TAL (If not in hospitol, give street eld State Hospi	tal.	d. STREET ADDRESS 1825 Mc	Kim Court		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Charles	Randolph	Conner		ruary	11, Year 59
5. SEX Male	6. COLOR OR RACE 7. MARI	_	8. DATE OF BIRTH July 16, 1894	9. AGE (In year last birthday		YEAR IF UNDER 24 HRS. Doys Hours Min.
Motion pict	ON (Give kind of work done 10b. king life, even if retired) ure operator.	KIND OF BUSINESS OR INDU	Maryland		12. CITIZ	U.S.A.
13. FATHER'S NAME Charles	Oliver Conner		14. MOTHER'S MAIDEN N	Cora Lilly		
15. WAS DECEASEDEVE (Yes, no or unknown) Yes:	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)  1st world war	SOCIAL SECURITY NO. 17. 1	nformant oringfield Hos	pital Records	ddress B	
Control of the Contro	/	ne for (o), (b), ond (c).] Arteriosclerot:	ic cardiovasc	ular disease.		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to it cause (o), stating lying cause last.	m mediate	Generalized ar	terioslcerosi	9.		Years.
20a. ACCIDENT W.	HER SIGNIFICANT CONDITIONS  SOC. WITH CETEORS  BILATER  AS UNDERLYING   SO CAUSE OF DEATH	CONTRIBUTING TO DEATH BUT L arterioscier L bronchopneum CRIBE HOW INJURY OCCURRE	onia.		LON .	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	While	£_	ACE OF INJURY (Home, farm ctory, street, affice bldg., etc.	20f. (City or town)	(Ce	ounty) (State)
21. I certify th	principle of the decease or ary 13, 19 separation of the Agustin delCamp	Compo	accurred at 4:104	M, from the couses ADDRESS (Street, city or tow eld Hospital le, Maryland	and an the	
REMOVAL (Specify	d-19-57	22c. NAME OF CEMETERY O	Malienal	22d. LOCATION (City, town	lle 2	8. Mil
23. FUNERAL DIRECTOR	St. Haight	Sycarille	MA DATE	D BY REGISTRAR 24b. RE	GISTRAR'S SIGN	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and completely filled in by the financial preciar, page 3 shauld be considered for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shall be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/S5

STATE OF DEATH villa. of a Indianal out Water and the North Alexander of the State o monopolism and New Holling - Asia Havi Collection esternación par Comprovidar de la Estada de considera . . The second of th But we are the first the second of the first of the second In Share & Start to allow TO SEE STATE OF THE SECOND SEC

	PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If i	institution: Residence before	e admission)
	o. COUNTY Auroll	MARYLAND	o. STATE	Mend. Co	Carry Carry	11
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utide corporate limits,	write RURAL and give near	rest town)
4	Per preder KN	5 MO.	* men w	undon	100A	
	d. NAME OF HOSPITAL (If not in hospital, give street addre OR INSULUTION	955)	d. STREET ADDRESS	eldolo	223	ON A FARM?
	NAME OF DECEASED (Type or print) CLIFTON	Middle JAMES	COOK	4. DATE OF DEATH	Month Day	Year 1959
	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		Hours Min.
_	MHLE WIDOWED	, –	Jame 25,1	815 83	yrs.	
100	<ul> <li>USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)</li> </ul>	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OI	F WHAT COUNTR'
	FATHER'S NAME		Carroll	o.Ma	11.5	-4
3.	FATHERS NAME		14. MOTHER'S MAIDEN N	AME	1	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOC	AL SECTIONS IN	INFORMANT	com	asay	
	es, no, or unknown)   Iff yes, give war or dates of service)	AL SECURITY NO. 17.	no millo	11.1-1	Address /	T- M.
	18. CAUSE OF DEATH [Enter only one couse per line fo	(a) (b) and (a) ?	in requestion	10. COPA	LIVEN MANUEL	RVAL BÉTWEEN
	PART I. DEATH WAS CAUSED BY:	(a), (a), and (c).	Louis	-		ET AND DEATH
	IMMEDIATE CAUSE (o) DUE TO	review	peace-	7	/	2 veces
	Conditions if any subjet )	0 6 11 /	linesse		e	un)
	(b) (b)	0 0.0.0	COLOR		1	7-0,0
	gave rise to immediate					
	gave rise to immediate code (a), stating the under-lying couse lost.					
CATION	gave rise to immediate code (a), stating the <u>under-lying couse last.</u>   DUE TO   Column   C	RIBUTING TO DEATH BUT	FNOT RELATED TO THE TERMI	NAL DISEASE CONDITION	ON GIVEN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED?
CERTIFI	gave rise to immediate coves (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONT  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		NOT RELATED TO THE TERMI			PERFORMED?
RTIFI	gave rise to immediate coves (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONT  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED  Y OCCURRED   20e. PL		ort I or Port II of item		PERFORMED?
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 the haspital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the interval of the later of the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shains. þ moy be retained by TO FUNERAL DIRECT page 3 shauld be VS A15 (4) 15M 9/55

filed with

ADDRESS

22c. NAME OF CEMETERY OR CREMATORY.

226. DATE THEREOF

220. BURIAL, CREMATION, DEMOVAL (Specify).

23. FUNERAL DIRECTOR'S SIGNATURE

240. REOD BY REGISTRAR DATEB 6

24b. REGISTRAR'S SIGNATURE

(State)

159 Orthun S. Kraus

22d. LOCATION (City, town, or county)

HEATER OF DEATH	
	A STATE OF THE PARTY OF THE PAR

eral director, be filed with

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. PLACE OF DEATH		1714		CATE OF DEAT						
o. COUNTY	7 7 7 7 7		MARYLAN	o. STATE	_	ed lived. If instituti b. COUNTY	on: Residenc	e before	e odmissi	ion)
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(Rural) S	kesville,	Md.	11Mo. 7days.		own	d	403	o de		
OR INSTITUTION				d. STREET ADDRESS	E 30			-		
	ield State 1	Hospit	tal	309 Fri	dinger	Avenue			YES [	NO 🛂
NAME OF DECEASED (Type or print)		lliam	Middle Edward	Cridler	4. DATE OF DEATH			Doy 3		10
s. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	Con K	9. AGE (In years			-	
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Do. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (Sto	le or foreign o	country)	12. CITI.	ZEN OF	WHAT	COUNT
Horse T		" .	- Unh	Marylan	d		U.S	S.A		
3. FATHER'S NAME			-1000	14. MOTHER'S MAIDEN	NAME			-		
John Cr	dler			Ellie Ea	stner					
	ER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	7. INFORMANT		Add	ress			
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gave rise to couse (a), stating lying cause lost	immediate g lhe <u>under</u> THER SIGNIFICANT COM brain SVnd	o)onitions c	ONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER. With disturban	MINAL DISEAS	SE CONDITION GIVEN TO THE CONDITION OF T	EN IN PART	1(o) 119.	. WAS A	UTOPSY
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gave rise to couse (a), statin lying cause lost PART II. O Chronic Or nut.  20a, ACCIDENT WOR CONTRIBUTION (IF EITHER, NOTIF Hour o, m p. m  21. I certify alive on F.  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	immediate DUE TO THE RESIGNIFICANT CONDITION WITH THE RESIDNIFICANT CONDITION WITH THE RESIDNIFICAN	nontrions corrome; h sen: 20b. Desc. 20d. In While of work e decease.	JURY OCCURRED Not while of work and that dec	PLACE OF INJURY (Home, for factory, street, affice bldg e	eb 3. O.M. froi Address (s	y or town)  y or town)  m the couses contret, city or town,	Diaber  (Co.  A., that I lead on the store)  pital	tes.	w the	(Stote deceased about 195)

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTR: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 should be setached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall the registror prior to burial, cremotion, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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TATE CHAPTAN

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MARYLAND STAT	E DEPARTMENT	OF HEALTH—BALTIMORE,	1
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1715 CERTIFICATE OF DEATH

01718

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1.	PLACE OF DEATH		10	MARYL	AND	o. STATE	_	ere deceased	lived. If institution	on: Residence	before o	dmission)
1	Carroll						rland		Car	roll		
	RURAL ond give ne	f outside corporate lim earest town)	its, write	c. LENGTH OF STAY II	N 16	c. CITY OR	TOWN (If a	iutside corpoi	rate limits, write R	URAL ond gi	ve nearest	fown)
	Sykesvill					27 West	minste	er				
	d. NAME OF HOSPIT	AL (If not in hospital,	give street	oddress)		d. STREET	ADDRESS				e. 19	RESIDENCE
	Springfie	ald State I	lospi	tal		263	E. Ma	in Str	eet			S NO
3.	NAME OF DECEASED	Fi	rst	Middle		Lo	ost	4. DATE	Man	th	Day	Yeor
	(Type or print)	George		Benjamin	1	Darms		DEATH	Febru	ary 25		19 59
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B.	DATE OF BIRT	ТН		9. AGE (In years	-		INDER 24 HRS.
-	Male	White	WIDOW			March 1	4. 18	71	lost birthdoy) 84. yrs.	Months D	Poys Ho	ours Min.
100				KIND OF BUSINESS OR		PY 11 RIPTHE	LACE ISINE	or foreign co		12 CITIZ	ENLOS W	HAT COUNTRY
1	during most of work	ing life, even if retired	1)	ANTO OF BOSHESS OF	1110031		DICE (SIGIA	or roreign co	,011177			MAI COUNIKY
-	Farmer			•			onsin			U.	S.A.	
13.	FATHER'S NAME					14. MOTHER	S MAIDEN N	IAME				
	Paul Darn	ns				Ch	arlot	te Wei	smiller			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOI	CES? 16.	SOCIAL SECURITY NO.	17. INF	ORMANT			Addi	ess		-
	no	m yes, give wor or ourse or	lervice)		C.	ond nafd	ALA H	nanita	1 Record	0		
		TH [Enter only one co	use per li	ne far (a), (b), and (c).]	1	or rust i	ara III	OSPITUA	I necord	9	INITEDVA	L BETWEEN
		TH WAS CAUSED BY:					A 21				ONSET /	AND DEATH
	420.0	IMMEDIATE CAUSE (		Arterioscle	Brot:	rc near	T alse	ease			Yes	ars
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	gove rise to in couse (o), stating t			195 325								
	lying couse lost.	) (4	1									
Z	PART W. OTH	ER SIGNIFICANT COM	DITIONS	ONTRIBUTING TO DEAT	H 8UT N	OT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	(a) 19. W	AS AUTOPSY
¥	Certario	is of the J	ert	e brain disc	2000	with r	erraha	tia ra	action			
E S	20a. ACCIDENT WA			CRIBE HOW INJURY OC							YES	М МО
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. 003	CKIBE HOW HOOK! OC	CORRED.	(Enter notice of	or injury in r	Off I of For	n or nem ro.,			
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. II	NJURY OCCURRED 2	Oe. PLAC	E OF INJURY	(Home, farm,	20f. (City	ar town)	1Co	unty)	(State)
EDI	Hour o.m.	19	While	Nat while	focto	ry, street, offic	e bidg., etc.	)		,,,,,	,,	(0.0.0)
2								<u> </u>	0.7 50			
	21. I certify the	at I attended the		ed from Decem	her .	19,19.5	L, to 19	ebruar	y 2519 59	,that I la	st saw t	he deceased
	alive on Febr	ruary 24,	, 19	59, and that a	leath a	ccurred at	6:30	B.M. fram	the causes a	nd an the	date s	tated above
		1	1	1 A A.	/				eet, city or town,			DATE SIGNED
	ACTUAL SIGNATURE	ushi	cli	& Chry	20 4	n Smr	inofi	ald St	ate Hosp	ital	2/2	5/59
	1		-	- /		·		N-FAT-TW-Z	0.00 11000	2002	~_~.	24-2
	PHYSICIAN'S NAME (Type)	Agustin	del C	ampo, M.D.		Syl	œsvil	le, Ma	ryland			
	BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCAT	ION (City, tawn, a	r county)	(	Stote)
	BUTTAL (Specify)	Mar. 3	5, 19	959		Camete	erv		ens Poi		,	,
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			240. REC'D	BY REGISTS		TRAR'S SIGN		2200 424
	John R	. Byers	Wes	stminster,	Mar	vland		M 2 - 5		Thung S.	6-1	
						v						

VS A15 (4) 15M 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

PERSON PLANS - STARS FOR THE TRANSPORTATION PROPERTY. SERVICE NELL TO - for an -

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VS. A15ME

5M 2/57

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
ATC	MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01720

		1 77 1 m	DICA	L EXAMIN	NER'S	CERTIF	ICAI	E OF	DEATH	Reg	g. Dist. N		~ ( //
	E OF DEATH	7979				2. USUAL RESI	DENCE (W	here deceas	ed lived. If is	nstitution: R	esidence be	efare adm	iissian)
a. CC	YTAUC	Carroll		MAI	RYLAND	a. STATE M	arvl	and	b. CO	UNTY Ca	rrol	7	
b. CIT	Y OR TOWN	f outside corporate limits, wri	e RURAL	c. LENGTH OF STA	YIN 1b			-	porote limits, s			nearest to	own)
- Qr	Mt. A	4		Life		✓ Mt	. Ai	rv					
d, NA		AL OR INSTITUTION	(If not in hos	pital, give street addr	ress	d. STREET A						e. IS R	RESIDENCE
						/ Tw	in A	rch !	Rd.				A FARM?
3. NAM	E OF ASED	Fi	rst	Middle	11.50	Lost		4. DATE OF		Aanth	Day		Year
{Туре	or print)	CHESTER		A.	DOT	SON		DEATH	Fel	).	2,	1	1959
5. SEX		6. COLOR OR RACE	7. MARRIE	D NEVER MARRI	ED [ 8. [	DATE OF BIRTH			9. AGE (In year last birthday)		DER TYEAR	-	ER 24 HRS
me	ale	colored	WIDOWED	DIVORCE		8-31-1	922-	?	26	yrs. Manti	hs Doys	Hours	Min.
100. USL	JAL OCCUPATION	ON (Give kind af warking life, even if retired)	dane 10b. K	IND OF BUSINESS O	R INDUSTRY	11. BIRTHPLA	CE (Stote	ar foreign c	ountry)	12.	CITIZEN C	F WHAT	COUNTRY
doring	abore			general		Ma	rvla	nd			U.	S.	
13. FATE	HER'S NAME				1	14. MOTHER'S							
		Edward D	otson			Eff	ie B	rown					
		ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	O. 17. INF	ORMANT			Add	dress			
	10	(If yes, give war or dates of	27	4-32-44]	9 M	iss Ev	elvn	Cro	mwell.	9	Same		
		TH [Enter only ane ca	use per line l	or (o), (b), and (c).			- V			-	INTE	RVAL BETW	EEN
		TH WAS CAUSED BY:	(1	arova -	. 10	Elle	x , .3-w				1.0	ET AND DE	ATH
14	20.1	IMMEDIATE CAUSE (a	1	6107-207	The second		2001	<u>U</u>				nuc_	pel .
		DUE TO		34.	J								
	nditions, if a e rise to imme	diote couse											
	slating the	underlying DUE TO											
-	se lost.	) (c		ATTRIBUTING TO BE	THE COURT AND	T AFLATED TO	THE TENNI		r counting				
É	PART II, OII	HER SIGNIFICANT CON	IDITIONS CO	NIKIBUTING TO DEA	ATH BUT NO	I KELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN	PART I(a)		ORMED?
3												YES 🗌	ио 🗌
PRIA	AARY OF DEATH.	NTRIBUTING [	0b. DESCRIBE	HOW INJURY OCC	URRED. (Ent	er nature of inj	ury in Port	1 or Peri II	af item 18.)				
3 20c.	TIME OF INJU	IRY Month, Day, Ye	ar 20d. I	NJURY OCCURRED	20e. PLACE	OF INJURY (H	ame, farm,	20f. (City	or tawn)		(County)	-	(State)
20c.	Haur a. m. p. m.	19		rk at wark		r, street, office		i					
21.	I certify t	hat I took charge	e of the r	emains describ	ed above	e, held an	Autopsy	/ 🔲 , li	nspection	De. Inc	quiry X	, an	nd in my
opi	inion death	resulted from:	Natural c	auses Acc	cident [	, Suicide	D, F	lomicide.	D. Und	determine	ed mann	er 🔲	
	(/	n 4											
AC'	NATURE CO	uls I	nan	al .		M.D CHIEF MI	EDICAL EX	AMINER [				DATE	SIGNED
1		\					NT MEDICA	L EXAMINE	R 🔲		3/	1	
	ME (Type)	TOMPS 7	M	ARSH		DEPUTY A	MEDICAL E	XAMINER	7		-/2	-/5	9
22a. BUF	RIAL, CREMATIC		OF	22c. NAME OF CEM	ETERY OR C	REMATORY		22d. LOCA	TION (City, to	wn, or caus	nty)	(Stat	le)
REA	BURTAT.		59	Mt. Z	ion			-	roll	-		Land	
23. FUN	ERAL DIRECTOR	and the same of		ADDRESS			240. REC'E	BY REGIST		EGISTRAR"			
C	. M. W	altz, V	Vinfi	eld, Md.			DATE F	FB 4	'59	arth	17 8. to	rous	

DATE FEB 4

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# POR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board and its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

VS. A15ME 5M 2/57

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Item 21 Film	2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE,	18
	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Re

01721

		Reg. Dist. No.	
	1. PLACE OF DEATH o. COUNTY AUTOUR MARYLAND	2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before o. STATE MUY COUNTY OF COUNTY	odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 and grape prest lown)  d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street addges)	c. CITY OR TOWN (If outside carporale limits, write RURAL and give nea	e. IS RESIDENCE
		<u> </u>	YES NO
	3. NAME OF DECEASED (Type or print) BARBARA - L-DU  5. SEX [6. COLOR OR RACE   7. MARRIED   7. M	LANEY A. DATE OF BIRTH  DATE OF BIRTH  1. DATE O	19 5 9 F UNDER 24 HRS.
	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED DIVORCED  BIVORCED	m d t Co d lent highland	Hours Min.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during mast af working life, even if retired)  Hulk  Low  Low  Low  Low  Low  Low  Low  Lo	or Maryland 12. CITIZEN OF Wareflered	SA A
	13. FATHER'S NAME MULLIUM	Locuse Kills	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Declaring. Marchest	Es Med
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	vousel if head Suc	AL BETWEEN AND DEATH
	Canditions, if any, which (b)		
	gave rise to immediate cause (a), staling the underlying couse fast. (c)		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CON		WAS AUTOPSY PERFORMED? S NO X
	206. DESCRIBE HOW INJURY OCCURRED. (E) CAUSE OF DEATH.	Enter nature of injury in Part 1 ar Part II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA Hour orm. 2-27 1957 while of work of other of work of the state of t	CE OF INJURY (Home, farm, 20f. (City or town) (County) ary/street, office bldg., etc.)  Meloase - Marcheol (	(State)
	21. I certify that I took charge of the remains described about opinion death resulted from: Natural causes . Accident		and in my
	ACTUAL ACTUAL ACTUAL ACTUAL ACTUAL		DATE SIGNED
	EXAMINET'S FAMES T MARSH	M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   2	27/59
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR BENOVAL (Specify) 3-2-1959 Mauch	CREMATORY 22d LOCATION (City, 10wn, or county) LESTE BLUET C	(Stote)
	23. EUTOGRAL DIRECTOR'S SIGNATURE TO Hamptead	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AR 2 '59 Carling & Krama	

VS. AISME

5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01722

171	CAL EXAMINEK'S	CERTIFICATE OF DEAT	Reg. Dist. No.
PLACE OF DEATH	0	2. USUAL RESIDENCE (Where deceased lived. I	f institution: Residence before adgrission)
a. COUNTY Carroll	MARYLAND	o. STATE b. C	COUNTY Parrall
b. CITY OR TOWN (If owned conserve timits, write RUR and give neared town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate light	s, write RURAL and give nearest town)
Rucal - Charlesville	22 Months	Kruy . Hypes	nelle
d. NAME OF HOSPITAL ON INSTITUTION (IF no	t in haspital, give street address)	althur & Oakland	Pallo; IS RESIDENCE ON A FARM?
NAME OF DECEASED (Type or print) John Hol	Nard EDM	INDSON 4. DATE OF DEATH OF L	Month Day Year 1959
Mu	MARRIED NEVER MARRIED 8.	DATE OF BIRTH  Nort 21 1950  9. AGE (In loat birthd)	years   IF UNDER 1YEAR   IF UNDER 24 HRS.
On. USUAL OCCUPATION (Give kind of work done		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
during most of marking life, even if retired)		md	7.5A
Nous C. Edmo	ndson	14. MOTHERIS MAIDEN NAME	till
15. WAS DECEASED EVER IN U. S. ARMED FORCES [Yes, no. of unknown]. (If yes, give war or dates of service		ouis Edmondan .	Verferville, md.
18. CAUSE OF DEATH [Enter only one cause p	er line for (o), (b), and (c).]	^	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	acute force	wedyna	got marines -
490 X DUE TO			
Conditions, if ony, which) (b)			
gove rise to immediate couse (a), stating the underlying OUE TO (c).			
	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (Q)
PART II. OTHER SIGNIFICANT CONDITION  20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	ESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Port I or Part II of item 18.	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED 20e. PLAC While Not while of work at wark	E OF INJURY (Home, form, 20f. (City or town) rry, street, affice bldg., etc.)	(County) (State)
21. I certify that I took charge of	the remains described above	ve, held on Autopsy . Inspection	Inquiry . ond in my
opinion deoth resulted from: Not	ural causes Accident [	, Suicide , Homicide , U	ndetermined monner
ACTUAL SIGNATURE LALLES J. M.	land	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	A	ASSISTANT MEDICAL EXAMINER	36-1-
NAME LIPPE AM ES / /	1ARSH	DEPUTY MEDICAL EXAMINER	9/13/19
220. BURIAL, CREMATION. 22b. DATE THEREOF REMOVAL (Specific 2 - 17-5	9 22c. NAME OF CEMETERY OR	CEEMATORY 22d. LOCATION (Gity.	lotoson, mel.
23. FUNTERAL DIRECTOR'S SIGNATURE	APORESS	240. REC'D BY REGISTRAR 24b	REGISTRAR'S SIGNATURE
HURLO H. July	TEMBULL.	DATE EB 2 4 '59	arthur S. Firsus

UNA . 

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

23 FUNERAL DIRECTOR'S SIGNATURE

ofter

ATASU TO ETIACHINAD  TAMBURAN AND AND AND AND AND AND AND AND AND A		STATE DEPARTME		
			0211	

d. STREET ADDRESS

**CERTIFICATE OF DEATH** 

MARYLAND

c. LENGTH OF STAY IN 16 lyr.5mos.26days

01724 Reg. Dist. No.

b. COUNTY

Marvland

Baltimore 24.

916 N. Duncan Street

	1	5
(	M	)

1. PLACE OF DEATH

Carroll

Sykesville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION

Springfield State Hospital

o. COUNTY

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page may be retained by the hospital or attending physician.

	NAME OF DECEASED Type or print)	Nicho		J ohn	Ell:	inghau:		4. DATE OF DEATH	Februa		1	7	Yeor 19 59
5. \$	Male Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		ATE OF BIRTH		,	9. AGE (In years lost birthdoy) 82 yrs	Months	R 1 YEAR Days	Hours	ER 24 HRS. Min.
100	USUAL OCCUPATION of work of the stemfit	ON (Give kind of work of king life, even if retired)	done 10b. KIND	OF BUSINESS OR	INDUSTRY				ountry) ltimore		-	S.A.	COUNTRY
13.	Nichola	s E. Elling	ghaus				izabet		rd				
	was deceased even, no. or unknown) No	ER IN U. S. ARMED FOR Jif yes, give wor or dotes of s		AL SECURITY NO.	17. INFO		eld Ho	spita	al Record	ires is			
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Arter	(a). (b). ond (c).]	tic h	eart d	isease				ONS		ETWEEN DEATH
CERTIFICATION	C.B.S. 8	the under DUE TO  CO  HER SIGNIFICANT CON  Tubercule  SSOC. With	olinions controls is cerebral	IBUTING TO DEATH IT BOVANCE arterion HOW INJURY OCC	scler	osis W	ith pa	sycho	tic reac	ven in pa	RT 1(o) 1	9. WAS PERFO YES [	AUTOPSY DRMED?
MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Doy, Yes		Not while	PLACE foctory.	OF INJURY (H	lome, farm, bldg., etc.)	20f. (City	or town)		(County)		(State)
	21. I certify the alive an Feb.	hat I attended the ornary 16,	1959	am August , and that d	eath ac	curred at_	1050A	M, fran	the causes	and an	last so	te stat	decease ed abav ATE SIGNE
	PHYSICIAN'S NAME (Type)	Edmund Lu							ryland			~~~~	
220 E	BURIAL, CREMATIC REMOVAL (Specify Urial	2/20/5	9 2c.	NAME OF CEMETE	RY OR CR	ematory Cem.		Bal	timore,	Md (		(Stol	te)
22	FUNERAL DIRECTOR	s signature k Funeral		ADDRESS			24m PEC'D	BY REGIST	RAR 24b. REG	ISTRAR'S S	IGNATUR	RE	115.50

1721

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Balto.City c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) IS RESIDENCE YES NOTE IF UNDER 1 YEAR IF UNDER 24 HRS Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSEL AND DEATH N GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO TO (County) (State) 59 that I last saw the deceased

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	committee a	Knatana		
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1722 **CERTIFICATE OF DEATH**  01725

Reg. Dist. No

1. PLACE OF DEATH a. COUNTY	Carroll		MARYLAN	FI	o. STATE Mary	Vhere deceas	ed lived. If institut b. COUNTY	Balti	more	odmissio City	
Sykesville	(If autside corporate limi learest town)		mths.lidays		E. CITY OR TOWN (IF		porote limits, write	RURAL ond	211	O/, L	+ V
OR INSTITUTION	TAL (If not in hospital, gld State Ho		055)		d. STREET ADDRESS 4619 Fra	inkfor	d Ave.			IS RESIG	FARM?
3. NAME OF DECEASED (Type or print)	Cora		Adda Adda		Fallon	4. DATE OF DEATE	Mo 4 2	nth	15°	Y .	59
5. SEX Female	6. COLOR OR RACE White	7. MARRIED [ WIDOWED [	NEVER MARRIED		DATE OF BIRTH 12-10-1568		9. AGE (In years lost birthdoy) 90 yrs	Manths	Days !	Hours	Min.
10a. USUAL OCCUPATE during most of wor Saleswoman	ON (Give kind of work rking life, even if retired	done 10b. KINI )	OF BUSINESS OR IN	DUSTRY	Maryland		country)		U.S.A		OUNTRY?
13. FATHER'S NAME	John Fal	1 <del>o</del> n			4. MOTHER'S MAIDEN	NAME E	llen Sh	111			36
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or doles of s		16-9925		RMANT Hospital re	cords		dress			
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Arte		tic	Heart Disea	ase			INTER ONSE	VAL BETY AND E	WEEN
gove rise to i	Canditions, if ony, which gove rise to immediate couse (o), stating the under-								yea	ars	
C.B.S.ass	HER SIGNIFICANT CON	th seni	le brain di	isea	T RELATED TO THE TERM	ychoti	c reaction	VEN IN PAR		PERFOR	UTOPSY MED? NO
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Ye	While at work	Nat while		OF INJURY (Home, for r, street, office bldg., el		ty or town)	(	Caunty)		(State)
alive an 2	hat I attended the 15= Tustum Agustin del	. 1959 del	and that de		. 1958 to 2 curred atl.30 Springfie Sykesvill	ADDRESS (	m the causes Street, city or town ate Hospi	and an t	last saw he date	stated	deceased abave. re signed
226. BURTAL CREMATIC REMOVAL (Specify	1 2/18/20	9 22	c. NAME OF CEMETER	YORG	Thoded)	1	ATION City, tour	county)	7/	(Store)	
23. FUNERAL DIRECTOR	S SIGNATURE	E V3	ADDRESS Har	Ly	DATE B	1 7 '59		ISTRAR'S SI			

AND A STATE OF THE			BATHER SEALTH	
	TE OF DEATH	CERTIFICA		
English and State (Section	harver i		רַבַּינינוֹן	
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			ur Col miran	A Lightensin

1. PLACE OF DEATH a. COUNTY

07

I

Carroll b. CITY OR TOWN (If outside carporote limits, write

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1	8
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CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

01726

WAS AUTOPSY PERFORMED? YES NO TH

(State)

(State)

(County)

	Reg. Dist. No.
2. USUAL RESIDENCE (Where deceased live a. STATE	ed. If institution: Residence befare admission b. COUNTY
Maryland	Carroll .
c. CITY OR TOWN (If outside corporate	limits, write RURAL and give negrest town)

Taneyto		30 years	X	Taneytown			
d. NAME OF HOSPITAL OR INSTITUTION	. (If nat in hospital, giv	re street address)	d. STREE	T ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Ann	a Hilda	Fees	er 4. DA			Yeor 1959
Female	White	MARRIED NEVER MARRIED NIDOWED DIVORCED	□ Sept.	25, 1895	9. AGE (In years last birthday) 63 yrs.	Manths Days	R IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPATION during mast of workin Housewook	(Give kind of work do g life, even if retired)	Own home		HPLACE (State or foreign	gn country)	U.S.A	OF WHAT COUNTRY
Theodore				r's maiden name ry Emma Ha:	rman		
15. WAS DECEASED EVER I (Yes, no. or unknown) (IF	N U. S. ARMED FORC yes, give war or dates of sen	ES? 16. SOCIAL SECURITY NO.	Mr. Russe	ll Feeser,	Taneytown		nd
PART I. DEATH	f [Enter only one count was CAUSED 8Y: MMEDIATE CAUSE (a)_ DUE TO	councer (a), (b), and (c).]	my Os	celus	ion	IN'	TERVAL BETWEEN USET AND DEATH
Canditians, if any gave rise to imm cause (a), stating the	which (b)_nediate	Congeste	ise Do	ent fa	ilene		2 mo
lying cause last.	(c)_	Valuelar	- Hear	A Dise	ase		50 yers

20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

CERTIFICATION

20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at work at wark p. m.

1952, 10 Jeb 13 , 1959, that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 7 B. M., fram the causes and on the date stated above. ADDRESS (Street, city or town, state)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19.

ACTUAL SIGNATUR PHYSICIAN'S NAME (Type) E. Ambler Thompson, M.D. Taneytown, rederick St ..

22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify)
Burial

Feb. Reformed Cemeterv Tanevtown, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Taneytown, Marylandont FEB C.O.Fuss & arthur S. Kraus

VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1724 CERTIFICATE OF DEATH

01727

1.664				Keg. L	PIST. 140.
1. PLACE OF DEATH  o. COUNTY Carroll	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived.	If institution, Residence COUNTY Mont	ence before admission) gomery
b. CITY OR TOWN (If outside corporate limits, write SYKESVIIIE	c. LENGTH OF STAY IN 16	silver Spi		s, write RURAL one	d give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street Springfield State Hospital		d. STREET ADDRESS 13510 Georg	rgia Avenu	e	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Luther	Benton Benton	Fete	4. DATE OF DEATH	Month 2	22 Yeor 9
5. SEX $M$		8. DATE OF BIRTH APRIL 74,	1875 9. AGE		ER 1 YEAR IF UNDER 24 HRS. Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during met of working life, even if retired)  Printer and Physiother		STRY 11. BIRTHPLACE (Stole Maryland		12. 0	U.S.A.
13. FATHER'S NAME  Benton Fete		14. MOTHER'S MAIDEN	NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  (Yes, no. or unknown) (If yes, give wor or doles of service)		NFORMANT Hospital Recor	rds	Address	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  PULL TO	ne for (o), (b), and (c).] ardiac insuffic		1.0		INTERVAL BETWEEN
Conditions, if any, which gave rise to immediate couse (a), stating the under-lying cause last.	eriosclerotic o	cardlovascula	r disease		years
C.B.S. assoc with cerebi	CONTRIBUTING TO DEATH WIT	NOT RELATED TO THE JERM	osych reac	LION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMEDIAL YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of ite	m 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. I Hour o. m. 19 While of war	_ Nat while ta	ACE OF INJURY (Home, farrictary, street, affice bldg., etc.	n, 20f. (City or town		(County) (State)
21. I certify that I attended the decease olive on 22 21 ACTUAL SIGNATURE dum	, and that death	-20= 1959 , to 20 n occurred o8:30 A	A.M. from the c	auses and on or town, state)	I last saw the deceased the date stated above DATE SIGNED 2-22-59
PHYSICIAN'S Edmudn Lusthau		Sykesville	, Maryland	•	
226. BURIAL, CREMATION, REMOVAL (Specify) Burial  226. DATE THEREOF Feb. 24,1959		emetery	Prince Ge	eorge's C	County, Md.
23. FUNERAL DIRECTOR'S SIGNATURE Warner E. Pumphrey, Inc	., Silver Spri	ng, Md. DATE	EBY REGISTRAR	24b. REGISTRAR'S S	S. Trans

funeral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shall the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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		A CONTRACTOR	Andrew
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		Date of the	
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and the Court of the state of t	m '		
STELLAND, at STARTS on Different Parts and also	HOUSE, SCHOOL ISSUE		
			Tent Transit Statement
		CITY TO	

VS A1S (4) 1SM 10/S7

MARYL	AND ST	TATE DE	PARTME	NT OF	HEALTH-	-BALTIMORE,	18
	rtem	1 1,111	116239	クーとークタ	et		

1725 CERTIFICATE OF DEATH

Reg. Dist. No. 11728

1. PLACE OF DEATH o. COUNTY Carr	011		MARY	LAND 2	o. STATE	DENCE (Wh	_	d lived. If institut b. COUNT		_	e admiss	sion)
b. CITY OR TOWN (	If outside corporale limi	ls, write	c. LENGTH OF STAY	IN 1b				rote limits, write	RURAL ond	give nea	rest town	1)
Taneyt			4 months	5	Ta	neyto	wn					
ORINSTITUTION	TAL (If not in hospital, g			1	d. STREET A					1		FARM?
At home -	W. Baltim				W.	Balt	imore	Street			YES L	NO
3. NAME OF DECEASED (Type or print)	Willi		Middle Georg		Fogle		4. DATE OF DEATH	Mo Feb:	ruary	21		Year 1959
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	7	DATE OF BIRTI							
Male	White	WIDOW			uly 1.			9. AGE (In years lost birthdoy) 74 yrs.		Doys	Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUSTR	Y 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY
Farmer	king fire, even it refired		wn farm					Maryland	U	.S.	A.	188
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Geor	ge W. Fogle				Ida	S. D:	intern	nan				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	. 17. INFO	DRMANT			Add	Iress			
no	in yes, give wor or ooles or s			Mrs.	Lilli	an Fo	gle	Taney	rtown,	Mar	yla	nd
PART 1. DEA 33/X Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (	Co	rebugl Hyper	- Va - a ten	scule vitere	ios	acc	cosis	7-	a 4	TYPE	ascs CA
Dames	11 -	. 7	reo Alan		Pres	· morpho	te.	E CONDITION GI	VEN IN PART	1(o) 15	PERFO	RMED?
PART II. OTI	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY &	CCURRED. (	Enter nature o	f injury in P	ort I or Pari	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. II While of wor	Not while	20e. PLACE foctor	OF INJURY (I y, street, office	Home, farm, bldg., etc.	, 20f. (City	or town)	(C	ounty)		(Stole)
ACTUAL SIGNATURE SIGNATURE PHYSICIAN'S NAME (Type)		Thor	ongon, M.	death of M.E.	. Towar	4:30/	ZM, fran	n the causes of treet, city or town,	and an th	ast sa ne dat	e state	deceased ed above ATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	February				REMATORY emtery		Wood	ION (City, town,	Maryl		(Stote	e)
C. O. FUSS	SIGNATURE C.	tus	ADDRESS	Manual.	m d		BY REGIST		strar's sig			

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

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the registrar priar to burial, cremation, or remayal, and in any event within 72 hours

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BIRTHPLACE (State or foreign country)  12. CITIZEN O U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Springfield Hospital Records  [Enter and yone couse per line for (o), (b), and (c).]  ANS CAUSED BY:  (EDIATE CAUSE (o)  DUE TO  which diale  DUE TO  which (b)  Generalized arteriosclerosis  DUE TO  which (c)  (c)  CONSTITUTE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 1  UMONIA.  DERLYING AUSE OF DEATH CALL EXAMINER)  100 DOY, Year 20d. INJURY OCCURRED of White of work of	White WIDOWED DIVORCED March 20, 1878 80 yrs. Months Doys Hours Size kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  North Carolina  14. MOTHER'S MAIDEN NAME  Martha Walston  15. SOCIAL SECURITY NO. 17. 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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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1. 1	Carr	oll		MARYL	- 1	2. USUAL RESIDENCE (Who o. STATE Maryla		ved. If institution b. COUNTY	City		nission)
	CITY OR TOWN (III Sykesvil	foutside corporate lin grest town)	nits, write	c. LENGTH OF STAY IN	_	e. CITY OR TOWN (If o	2.2	e limits, write RI	JRAL and give		own)
	d. NAME OF HOSPIT	AL (If not in hospital.  1d State H		oddress)		d. STREET ADDRESS 2413 E. Hof		reet		10	RESIDENCE NA FARM?
	NAME OF DECEASED (Type or print)	F	rles	Middle Ge or	ge	Lost Goldbeck	4. DATE OF DEATH	Moni 2	th	Day 14	Year 19 59
5. 9	M M	6. COLOR OR RACE	7. MAR.	RIED NEVER MARRIED		11-26-93	9.	AGE (In years last birthday) 65 yrs.		YEAR IF UN	rs Min.
10o	during most of work	ing life, even if retire	done 10b	. KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE (Stote Marylan		ntry)		J.S.A.	IAT COUNTRY
13.	FATHER'S NAME					14 MOTHER'S MAIDEN N	IAME				
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		R IN U. S. ARMED FO (If yes, give wor or dates of		social security no.	-	pringf. Stat	e Hospi	tal Rec			
ATION	Conditions, if or gove rise to it couse (o), stoting lying couse lost.  PART II. OF INVOLUTION	the under-	0 b) 0 (c) NDITIONS	CONTRIBUTING TO DEAT	IH BUT N	OT RELATED TO THE TERMI	NAL DISEASE C	CONDITION GIV	EN IN PART	PER	AS AUTOPSY PFORMEDS
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	1	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of injury in I	Port I or Port II	of item 18.)			
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	21. I certify the alive an 2 construction actual signature Physician's	at I attended the	Lu Lu		death o		AM, fram ADDRESS (Street	the causes a et, city or town,	ind an the		
220	NAME (Type)  - BURIAL, CREMATIO POMOVAL (Specify)	Edmund Lu		22c. NAME OF CEMET		/		yland N (City, town, o	or county)	(5	itote)
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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEPTIFICATE OF DEATH

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	1160	CERTIFICA	AIL OF DEATH	Reg. Dist	l. No.
	1. PLACE OF DEATH O. COUNTY Curvell	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE)	b. COUNTY	e before admission)
	b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp.	1 12	ive nearest town)
)	d. NAME OF HOSPITAL (If not in hospitol, give street or OR INSTITUTION Muss He	oul	d. STREET APORES	03x-2	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type of print) GEORGE	- MILLA1	RD-HALE OF DEATH	Heb-	Goy Year
	M WIDOWED		Cuy 5= 1889	lost birthdoy) Months [	Doys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired)	IND OF BUSINESS OR INDU	JSTRY MBIRTHPLACE (Stole or foreign of	country) 12. CITIZ	ZEN OF WHAT COUNTRY
)	John G Hale		14. MOTHER'S MAIDEN NAME	olfgank	?
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17.	fillard R Hall	a Upperde	mid
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	for (0), (b), and (c).]	Burnelites	//	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which ) (b)	ezenemetroi	of Spennel lan	of recording	- 5 yrs
	gove rise to immediate couse (a), stating the under-lying couse lost.	December 1	illiens		3 MON
)	PART II. OTHER SIGNIFICANT CONDITIONS CO	A	T NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Po	rt II of item 18.)	
	Hour o. m. While	Not while of work	LACE OF INJURY IHome, form, 20f. (Cit octory, street, office bldg., etc.)	y or town) (Co	ounty) (Stote)
	21. I certify that I attended the deceased alive an 7. 4.5	To 1	h accurred at A M, fra		ast saw the decease
	ACTUAL WIX From	d		Street, city or town, state)	DATE SIGNE
1	PHYSICIAN'S NIT Foam	LMD	Marches	ter, Md	
	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCA	TION (City, town, or county)	mid (Stote)
	23 PHYSERAL DIRECTOR'S SIGNATURE	cereption	DATE FEB 9	TRAR 24b. REGISTRAR'S SIGN	11

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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### **CERTIFICATE OF DEATH**

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Reg.	Dist.	No.		.1		_	-

1.	PLACE OF DEATH o. COUNTY	roll		MARY	LAND	2. USUAL RESIDENCE (WHO STATE Mary	here deceased	d lived. If institution b. COUNTY	on: Residenc	e before	odmiss	ion)
	b. CITY OR TOWN (I RURAL and give no	f outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o		rate fimits, write R	JRAL ond gi	ive near	est fowr	1)
	Henry	ton, Mary	land	560 day	s	Balt	imore	, Maryla	nd 3	3 4 6	11-	efen
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS				•		IDENCE FARM?
L		Henryton	Sta	te Hospita	1	2901	Wind	sor Aver	ue			NO 🗔
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Man	th	Day		Year
	(Type or print)	Fan				Hamm	OF DEATH	Febru	lary	5		19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D []	8. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
	Female	Negro	WIDOWI	DIVORCE		October 18.	1907	51 yrs.	Manths	Days	Haurs	Min.
10	. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUS	STRY 11. BIRTHPLACE (State	ar fareign c	auntry)	12. CITI	ZEN OF	WHAT	COUNTRY
	None	ing me, even it temed	'			Danville	. Vir	ginia.	145	USA		
13.	FATHER'S NAME					14. MOTHER'S MAIDEN N						
		Elexande	r Mi	ller		Unknown						
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		. 17. 11	NFORMANT		Addr	ess			
1	No	ir yes, give war or agree or s		Unknown		Fannie Hamm	- Pat	ient				
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO	Ce:		ula	r accident				ONSE	RVAL BE	TWEEN DEATH
-	gave rise to it cause (a), stating fying cause fast.	the under-	M:	inimal pul	mon	ary tubercul						
CERTIFICATION	002X		DITIONS C	CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19	PERFO	AUTOPSY RMED? NO []
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRE	D. (Enter nature of injury in I	Part I ar Part	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Manth, Day, Yeo	While	Nat while  of work	20e. PL/ fac	ACE OF INJURY (Hame, farm tary, street, affice bldg., etc.	-)			ounty)		(State)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) E	M. Macul	19	M. D., Su	death	occurred of 7:00 A  Henryt  Henryto	• M, from ADDRESS (SI On, M	n the couses of treet, city or town, aryland te Hospi	nd an th	e date	2-	ed abave ATE SIGNED 5-59
	DUNAL (Specify)	N, 22b. DATE THEREO	59			CEMATORY	A 1 H	TION (City, town, o	r county)		(State	D.
23.	FUNERAL DIRECTOR			ADDRESS	2		D BY REGIST		TRAR'S SIG			
11	MUDDLPH	CULLIC	M-	14/2 1-1	RET	STYLL ST DATEFEL	B 1 1 '5	9 Chi	huy 8. 9	Traus		

R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, tached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should filled with burial, cremation, ar remaval, and in any event within 72 houry after again. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 TO FUNERAL DIRECT R: After this certificate has been si page 3 should be registrar prior to burial, cremation, ar remard, and the registrar prior to burial, cremation, ar remard, and

VS A15 (4) 15M 9/55

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		FERRY AND SANDARD STREET
Part North Street and April 19 (19 part 1994)		
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### **CERTIFICATE OF DEATH**

Reg. Dist. No. 1733

	7100		0		- 0			Reg. D	ist. No		00
1. PLACE OF DEATH o. COUNTY Ca	rroll		MARYLAND	2.	usual residence (wo o. STATE Mary	here deceose	d lived. If institution b. COUNTY	on: Reside	nce befo	ds a	sion)
Sykesvill	f outside corporate limi earest town) E	ts, write	c. LENGTH OF STAY IN 16  2 mths-27days	3	E. CITY OR TOWN (IF		prote limits, write R	URAL ond	give ne	arest town	n)
OR INSTITUTION	AL (If not in haspital, ongfield Sta				d. STREET ADDRESS Unknown						SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	fir Hari		Middle Augustus		Harmon	4. DATE OF DEATH	Mon 2	th	1	,	Yeor 1959
s. sex Male	6. COLOR OR RACE White	7. MARR	ED NEVER MARRIED DIVORCED		ATE OF BIRTH 1-21-74		9. AGE (In years loss birthday) 85 yrs.	Months Months	Days	Hours	ER 24 HRS. Min.
100. USUAL OCCUPATIO during most of work Presser in	ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDI	USTRY	Maryland		ountry)		TIZEN C	OF WHAT	COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN						
4	gustus Harm				Marthe	Rapp					
15. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice)	social security No. 17. 12-01-8756		RMANT Hospital re	cords	Addı	ress			33
Conditions, if or gave rise to it couse (o), sloting lying couse lost.	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  ny, which mmediate the under- (c)	Gene	eriosclerotic	io	sclerosis				y y	erval Be Set and ears	DEATH
C.B.S.ass	sociated wi	th ce	CONTRIBUTING TO DEATH BU BY BY B	.CS	clerosis wi	th ps	ychotic r	eact:	Lon	PERFC	AUTOPSY PRMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	ZOD. DES	CRIBE HOW HAJORT OCCUR	ED. (E	mer notore or impry in	701110110	r ii di iieni ib.j				
Y 20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. It While of work	Not while fe		OF INJURY (Home, farm, street, office bldg., etc.		y or tawn)		(County)		(State)
ACTUAL SIGNATURE	at I attended the	1859 lel	Campo.	h oc	Springfie	ADDRESS (S	m the causes of the transfer to the Hospi	ind an i	last so	te state	deceased ed abave ATE SIGNED 1-59
220. BURIAL, CREMATIO SEMOVAL (Specify)	2/4/59	)F Y	Taylorsin	ORCE			TION (City, town, o	or county)		(Stot	d
23. FUNERAL DIRECTOR	s signature	en.	Meyer Wheno	las	240. REC	D BY REGIS		Thun &			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be delacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 1

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Reg. Dist. No.

e. IS RESIDENCE

Doy

IF UNDER I YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

04

PERFORMED2 YES T

(Stote)

NOP

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

(County)

Months

YES NO

Yeor

190

Min.

Lithot I lost saw the deceosed and that death occurred at 6:45/4 M, from the causes and on the date stated above, ADDRESS (Street, city or town, stote) 22d. LOCATION (City, town, or county) 0 MUNERAL DIRECTOR'S SIGNATURE ADDRESS REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thank

VS A15 (4) 15M 9/55

# 

1 //	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
X	CERTIFICA	ATE OF DEATH  Reg. Dist. No.
director,	1. PLACE OF DEATH- a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)
. 1277	COATROLL MARYLAND	ma Jalto
lo a	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
e fin	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS O IS RESIDENCE
90	OR INSTITUTION Weitzel Mursing Home	8401 Chardnel Dime . IS RESIDENCE ON A FARM? YES NO D
es 1 on	3. NAME OF DECEASED (Type or print)	TEAN DEATH TO DOY YEAR DEATH
7,5	- Maria	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
1	M. WIDOWED - DIVORCED	(fet Ld, 10/18/ yrs.
500	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	STRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
corbon ofter de	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
nysici ove ours	15. WAS DECEASED EVER IN U. S. ARMED BORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address Janon
ing pl	(Yes. no. or unknown)   If yes, give war or days of service)	Sylvedon S. Fower 34 W. Cheappline 4
rend	18. CAUSE OF DEATN [Enter only one cause per line for (a), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH
he al	420.0 Due to	Heart Dense,
d by the mit. T	Conditions, if any, which ) (b) Certified hem	whose termelitis. 2 feb 31
signer ii per nd in o	gave rise to immediate case (o), stating the under- lying couse lost.  Confusion (c)	generalizat 25 7459
hysicio been l-trons val, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
p pp p	200. ACCIDENT WAS UNDERLYING TI 20b. DESCRIRE HOW INTERVOCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
ficote ficote or r	20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	s. (emer note of injury in 101 101 101 in the inter.)
bis certification, nation,	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED the p. m. 19 at work at work at work 19 at work 19 at work 19	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
ospiit d for d, cr	21. I certify that I attended the deceased from. 3 7ch	, 1959, to 25 th , 1959, that I last saw the deceased
oche buric	alive on 2.5 ftt , 1959 , and that death	occurred at 2.45 M, fram the causes and an the date stated above.
Be of ior to	SIGNATURE HOWARD &. Hall "	ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  ALLEN LLL  ADDRESS (Street, city or town, stote)
IERAL Dil 3 should gistrar pr	PHYSICIAN'S NAME (Type)	
FUNER FUNER oge 3 s	22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PROVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
o Funda l	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	e Tremeton Kandallotown, Med
VS A15 (4) 15M 9/55	Brews Dyers 8728 Flerly	Real. DATE MAD 2 159 Crimin S. Picara
13/4 7/33	1 Randall an	2

	HEATO TO ST		
T. W. T. W.			
		- Company	
	W April Dale		

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 AL EXAMINER'S CERTIFICATE OF DEATH

01736

FOR STATE		1733 MEDIC
HEALTH DEPT.	1. PLACE OF DEATH	

3. NAME OF

Carroll

MARYLAND

Maryland

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Carroll

Reg. Dist. No.

b. CITY OR TOWN (Il outside corporate limits, write RURAL and give negrest town Taneytown

c. LENGTH OF STAY IN 16

Taneytown d. STREET ADDRESS

d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)

Maneytown, Md. (Neal's Farm

Maneytown, Maryland

e. IS RESIDENCE ON A FARM? YES NO

(Type or print)	James		Henry	Kaiser		OF DEATH	Februa		3, 1		9
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH				IF UNDE	R TYEAR	IF UND	ER 24 HPS.
Mala		WIDOWED TT	DIVORCED [7]	May 8	1/866	1886	72 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	Mhite ION (Give kind of work of include even if retired)	done 10b. KIND (	OF BUSINESS OR INDU	STRY 11. BIRTHPL	ACE (Slote	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY?

worker Farmer 13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Henry Kaiser Rose Abell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war as dates of service)

no

Mrs. Mertie Kaiser - Taneytown, R. D. 1. Md.

Address

18. CAUSE OF DEATH [Enter or	nly one cous	per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAL		Myocardial Infarct	
420.1	DUE TO	coronary occlusion	
Conditions, if ony, which and rise to immediate couse			

(o), stoting the underlying couse lost

**DUE TO** 

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO

200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) PRIMARY | or CONTRIBUTING |

20c. TIME OF INJURY Month, Doy, Year Hour o.m. While p. m.

20d. INJURY OCCURRED Not while of work of work

20e. PLACE OF INJURY (Home, form, 120f. (City or town) factory, street, office bldg., etc.)

(County)

and in my

(Stote)

21. I certify that I taok charge of the remains described above, held an Autapsy K. Inspection . Suicide , Hamicide , Undetermined manner opinion death resulted fram: Natural causes 20. Accident 1.

ACTUAL SIGNATURE

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED February 4, 1959

EXAMINER'S William V. Lovitt Jr., M.D. NAME (Type) 220. BURIAL, CREMATION.

2/6/59

DEPUTY MEDICAL EXAMINER

22d. LOCATION (City, town, or county)

(Slote)

REMOVAL (Specify)
Removal 23. FUNERAL DIRECTOR'S SIGNATURE

Rest Haven Cem.

Hanover. 24o. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE arthur & Thous

VS. AISME 5M 2/57

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CERTIFICATION

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VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1734 CERTIFICATE OF DEATH

01737 Reg. Dist. No.

	PLACE OF DEATH	rroll			MARYL	AND	2. USUAL RESIDEN a. STATE Mai	ce (Whe		lived. If institution b. COUNTY		ce befor		ion)
1	b. CITY OR TOWN (I	f autside carporate limit	s, write	c. LEN	IGTH OF STAY I	NIP	c. CITY OR TOW	/N (If ou	tside carpor	ote limits, write RI				٦)
		sville (Rur	ral)	ly.	8m. 7d		Bal	Ltimo	ore	3\	101-	4		
	d. NAME OF HOSPIT	AL (If not in hospital, gi	ve street	oddress)			d. STREET ADDR						. IS RES	FARM?
		eld State F	lospi	tal			162	27 La	ancast	er Stree	t			NO 🔼
3.	NAME OF DECEASED	Fire	t		Middle		Last		4. DATE	Man	th	Day	,	Year
	(Type or print)	Eva	•				Kowalsk	ci	OF DEATH	Februa	ry	26	9	1959
5.	SEX	6. COLOR OR RACE	7. MARR	IED 🔲	NEVER MARRIE		8. DATE OF BIRTH			9. AGE (In years last birthday)	IF UNDER	-		
	Female	White	WIDOW	D 🔣	DIVORCED		March 5.	1881	+	74 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATIO	ON (Give kind of wark or king life, even if retired)	ane 10b.	KIND O	F BUSINESS OF	INDUS	TRY 11. BIRTHPLACE	(State a	r fareign ca	untry)	12. CIT	IZEN O	F WHAT	COUNTRY
	Housewi			-			Man	rylar	nd			U.S	.A.	
13.	FATHER'S NAME						14. MOTHER'S MA	IDEN NA	AME					
		Martin Zbor	owsk	i				I	Kather	rine -				
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	ES? 16.		SECURITY NO.	17. II	NFORMANT			Addr	ess			
(14	No	(If yes, give war or dates of se	LAIC#)		D-444	S	pringfield	Sta	ate Ho	spital R	lecord	3		
	18. CAUSE OF DEA	TH [Enter anly one car	se per lir	e far (a	), (b), and (c).]	-						INTE		TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Art	eric	sclerot	ic	cardio-vas	scula	er dis	ease			et and Year	DEATH
	422.	DUE TO	***		0000000		002 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					1000	
	Conditions, if o		Gen	eral	lized ar	ter	iosclerosi	S					Year	S
	gave rise to i	mmediate (	0011	0100	12200 OL	001	200020202	- 60						
	lying cause last.	the under-												
Z	PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIB	SUTING TO DEA	TH BUT	NOT RELATED TO THE	ETERMIN	IAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 15	. WAS	AUTOPSY
ATIC	Chroni	c brain syr	drom	e as	sociate	d w	ith circul	Lator	ry dis	turbance	, wit	h		RMED?
CERTIFICATION	20a. ACCIDENT WA	arterioscle	20b. DESC	RIBE H	OW INJURY OF	CURRE	CIC PROCES	ury in Po	ort I or Port	II of item 18.)			1-0 []	
CER	OR CONTRIBUTING	MEDICAL EXAMINER)												
CAL	20c. TIME OF INJUR	Y Manth, Day, Yea	r 20d. It	JURY C	OCCURRED :	20e. PL/	CE OF INJURY (Hom	e, form,	20f. (City	or tawn)	((	County)		(State)
MEDI	Hour a.m.	19	While	□ No	ot while wark	foc	tory, street, affice blo	lg., etc.)						
2	p. m.					× 0		Trol-	<u>i</u>	06.50				
		at I attended the												
	alive an Feb	ruary zo,	_, 19.5.	7	, and that o	death	accurred at 6:					he dat		
	ACTUAL	9. la. 8	a	a.P	t ita					eet, city ar town,	- 1		- /	ATE SIGNED
	SIGNATURE	wee p			0-1		A.D. Spring	lite	ld_Sta	te Hospi	tal		2/	27/59.
	PHYSICIAN'S NAME (Type) R	ita S. Glah	h, M	. D.			Sykesy	rille	Mar	yland				
220	BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREO	9	11	OLY R	OSA	RY CEMI			ON (City, town, of		3d 1	3allo	50
23.	FUNERAL DIRECTOR	S SIGNATURE		A	DORPSS		240	REC'D	BY REGISTE					
-	Leage	& Weber	703	-	& Em	n.	26 DA	TEMAR	2 '59	Civi	Jun S.	France	6.	
								BALL M.						

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D MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page	may be retained by the haspital ar attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Langral director	page 3 should be all other use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sh	the registrar prior to burial, crematian, or removal, and in any event within 72 boars after death.
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¥	YOU	5	og.	P
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	MAI	RYLAND STATE DEF	PARTMENT	OF HEALTH	-BALTIMO	ORE, 18		1490
	173	35 CER	TIFICATE	OF DEATH		Reg.	Dist. No.	1738
	PLACE OF DEATH O. COUNTY	? M.	ARYLAND 2. US	WAL RESIDENCE (Whe		If institution: Resi	dence before adm	ission)
	b. CITY OR TOWN (If autside corporate RURAL and give nearest town)	te limits, write c. LENGTH OF ST		CITY OR TOWN (IF &	tside carporote limi	ts, write RURAL a	nd give nearest to	wn)
	d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION	Pieff STATE H	osp. d.	STREET ADDRESS	Eller	00	ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	First Mid	Idle LA	hey	4. DATE OF DEATH	Month 2	Doy 15	Yeor 195 9
5. 5	SEX 6. COLOR OR R	MAKKED TI METER MIN	RCED   8. DATE	OF BIRTH /87	9. AGE lost I	(In years IF UN birthday) Month	DER I YEAR IF UN	-
100	o. USUAL OCCUPATION (Give kind of v during most of working life, even if re	work done 10b. KIND OF BUSINES retired)	S OR INDUSTRY 1	BIRTHPLACE (Stole o	foreign country)	12.	CITIZEN OF WHA	AT COUNTRY?
13.	Thomas A	LAHEY	14. /	Forvie	Relde	n		
	. WAS DECEASED EVER IN U. S. ARMED es. no. or unknown) (If yes, give war er dat		NO. 17. INFORM	ant ropital	Recor	Address		
	18. CAUSE OF DEATH [Enter only o PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY:	(c).]	em ho los	7		INTERVAL ONSET AN	
	11/2.	UE TO	pole	to			·	eles
	gove rise to immediate couse (o), stating the <u>under-lying</u> couse last.	UE TO						
CERTIFICATION	Proychos	conditions contributing to	DEATH BUT NOT RI	elajed to the termin	ial DISEASE COND	ITION GIVEN IN	PERI	S AUTOPSY FORMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH	OCCURRED. (Ente	r nature of injury in Po	ort I or Part II of ite	em 18.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Hour a.m. p. m.	7, Year 20d. INJURY OCCURRED While Not while of work of work		INJURY (Home, form, reet, office bldg., etc.)	20f. (City or town	)	(County)	(Stote)
	21. I certify that I attended alive an 2-15			19 55, to 2				
	0 1	L. 1.12	j		DDRESS (Street, city			DATE SIGNED

SIGNATURE PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)

Burial

Feb 18.

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county)

(Stote)

Feb 18,1959 New Cathedral Cemt 23. FUNERAL DIRECTOR'S SIGNATURE

3000 E.

ADDRESS altimore St.

Baltimore, 24a. REC'D BY REGISTRAR

Maryland 24b. REGISTRAR'S SIGNATURE Chilling S. Frank

DATE FEB 1 7 '59

VS A15 (4) 15M 9/55

TE OF DEATH	ACIERY FICA
	attentions.
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Inntwine , erose to the	Tames of the last ten are de-
Little September 11 - 12 Control of the Control of	expense of the second

CERTIFICATE OF DEATH

0173g

17	36	CERTIFIC	AIL OF DEATE		Reg	Dist. No.	
1. PLACE OF DEATH a. COUNTY CARRALL		MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		If institution Res	sidence before	odmission)
b. CITY OR TOWN (If autside corp RURAL and give nearest town)		ngth of stay in 16	c. CITY OR TOWN (IF a	outside carporate lim	nits, write RURAL	and give neare	st tawn)
d. NAME OF HOSPITAL (IF not in F	aspital, give street address	s)	d. STREET ADDRESS	<u> </u>			IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	FFIE A	Middle LBERTA	LEAKINS	4. DATE OF DEATH	Month Feb.	Day 14	Year 19 5 9
S. SEX 6. COLOR C	OR RACE 7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH april 1918	82 9. AG	E (In years IF UN birthday) Man		UNDER 24 HRS. Haurs Min.
10o. USUAL OCCUPATION (Give kind during most of working life, even	of work done 10b. KIND if retired)	u home	ISTRY 11. BIRTHPLACE (Store	Pand	12	CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME V	- R. Cl	abauat	14. MOTHER'S MAIDEN, A	Harts	wek		
1S. WAS DECEASED EVER IN U. S. AR (Yes. no. or unknown) (If yes, give wor	MED FORCES? 16. SOCIA	L SECURITY NO. 17.	u. John J.	Cakin	Address Kall	uas!	md.
18. CAUSE OF DEATH [Enter or PART I. DEATH WAS CAL IMMEDIATE	SED BY:	(a), (b), ond (c).]	m Th	Bon	box	/ INTERV	AND DEATH
Canditions, if ony, which gove rise to immediate case (a), stoling the under	DUE TO (b) DUE TO	roni	Impoc	ordet		3	2000
lying cause last.	(c)	IBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CON	DITION GIVEN IN		WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EX	G DESCRIBE (	HOW INJURY OCCURR	ED. (Enter nature of injury in I	Part I ar Part II af i	tem 18.)		ES [] NO []
20c. TIME OF INJURY Manth, Haur o. m. p. m.		OCCURRED 20e. P	LACE OF INJURY (Home, farm actory, street, affice bldg., etc	20f. (City or taw	rn)	(Caunty)	(State)
21. I certify that I attend	ded the deceased fr	101	h occurred at	PM, from the	1 / /		the decease
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	MES	SLET		ADDRESS (SING), ci		my	DATE SIGNE
	E THEREOF 22c.	NAME OF CEMETERY	OR CREMATORY Connecterns	22d. LOCATION (C	City, town, or coun	nty)	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Walker	ADDRESS smille.	md DATEF		24b. REGISTRAR		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shall be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours offer death. VS A1S (4) 1SM 9/SS

# where the months of the latter than the part by the latter than the part by the latter than th

CEDTIEICATE OF DEATH

01740

L		1/37		CERTIFIC	AIE OF DEAL	lin)		Reg. Di	st. No.		
1.	PLACE OF DEATH a. COUNTY	rroll		MARYLAND	2. USUAL RESIDENCE (	where decease	d lived. If institution b. COUNTY	_	-	odmis	
	b. CITY OR TOWN (III RURAL and give ne	f autside carporate lim arest town) SVIILE	its, write	c. LENGTH OF STAY IN 16 2mos . 27days	E. CITY OR TOWN (I		orate limits, write R	URAL and	3 1	rest tow	n) /
	d. NAME OF HOSPIT OR INSTITUTION Springtiel	AL (If not in hospital, of State Ho	spite	oddress)	d. STREET ADDRESS Unknown					ON	SIDENCE A FARM? NO A
3.	NAME OF DECEASED (Type or print)	Wil]	iam	Middle Randolph	Lee	4. DATE OF DEATH	Mon Febru		15		Year 1959
	Male Male	White	WIDOW	Land total	8. DATE OF BIRTH  June 2, 187		9. AGE (In years lost birthdoy) 86 yrs.	IF UNDER Months	1 YEAR Days	Hours	Min.
10	o. USUAL OCCUPATION during mast of wark Unknown	N (Give kind af wark ing life, even if retired	done 10b.	KIND OF BUSINESS OR INDU	USTRY 11. BIRTHPLACE (SIG		auntry)	12. CIT		F WHAT	T COUNTRY
13	Unknown				14. MOTHER'S MAIDEN						
	NO DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of t			INFORMANT Springfield	Hospita	Addi				
	1111	TH [Enter anly and co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	A -	ne for (o), (b), ond (c).] rterioscleroti	c heart dise	ase.			INTE	ET AND	ETWEEN DEATH Cars
	Canditians, if ar gave rise to in cause (a), stating t	nmediote (	Ge Ge	eneralized art	eriosclerosi	S.				Ye	ears.
CERTIFICATION	lying cause last.  C. B. S. ass  Bronchoon  200. ACCIDENT WA OR CONTRIBUTING	er significant con oc. with ce eumonia		CRIBE HOW INJURY OCCURRI				EN IN PAR	T 1(o) 15	P. WAS PERFO YES	AUTOPSY ORMED?
MEDICAL	20c. TIME OF INJURY Hour a.m. p. m.	Manth, Day, Ye	ar 20d. II While at wor	Not while fo	ACE OF INJURY (Hame, fo actory, street, affice bldg., a		ar tawn)	(0	County)		(State)
	actual SIGNATURE	or I offended the orusty 14, malus	12 de	1 Campo	18, 1958, to Financiaria accurred at 2:1	ADDRESS (So	n the causes a treet, city or tawn, OSPITAL	nd an th		e state	
22	o. BURIAL, CREMATION REMOVAD (Specify)	16-59	)F	22c. NAME OF CEMETERY C			TION (City, lawn, o	1.4		(Stot	(e)
23	FUNERAL DIRECTOR'S	SIGNATURE	06	MODRESS	240. RE	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIC	SNATUR	E	

fureral director. be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be converted for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be converted for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be converted for use as the burial, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DE ARTMENT OF HEALTH-EALTIMORE, TR W. STIMETS! and the same Can install saving sport of Com-Medichan Want Charles 0 CTRC CONTROL THE WAY TO SELECT ON THE PARTY OF THE PARTY and the resolution of the second contract of the second contract of the second contract of and the combined State of the second of the control festeral renumber 2000 the metal and the second of th CEPTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

	1138		CERTIFIC	AIL OI I	)LA			Reg. Dis	t. No.	Part I and
	erroll		MARYLAND	o. STATE	Maryl	and	lived. If institution b. COUNTY	Howa	ard	
B. CITY OR TOWN (I RURAL and give no Sykesvil			c. LENGTH OF STAY IN 16 2yrs.19days			t City	te limits, write RI	URAL and g	ive nearest	town)
d. NAME OF HOSPIT	TAL (If not in hospitol, giv Leld State H			d. STREET	in St	reet				RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print)	Anna		Clementan Clementan			4. DATE OF DEATH	Mon Feb	h ruary	Doy,	Yeor 19 59
5. SEX Female	2.02 2.1	MARRIE	DIVORCED DIVORCED	8. DATE OF BIRT		1873	AGE (In years last birthday)	_		UNDER 24 HRS. Durs Min.
Nurse	ON (Give kind of work do king life, even if retired)	ne 10b. K	IND OF BUSINESS OR INDU		yland	or foreign cou	intry)		J.S.A.	HAT COUNTRY
Charles 1	Makinson			14. MOTHER'S	MAIDEN I		saacs			
	R IN U. S. ARMED FORCE (If yes, give wor or dates of serv		OCIAL SECURITY NO. 17.	Sprin	gfiel	d Hospi	tal Rec			
	ATH (Enter only one cous ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)_ DUE TO		for (o). (b). ond (c).]	cardiov	ascul	ar dise	ase .			AL BETWEEN AND DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ny, which (b)_mmediate	Gen	eralized arte	rioscler	osis,	severe			year	*S.
C.B.S. as:		TONS CO	MIRIBUTING 19 DEATH BU Drain disease	WI THATED IC	yehot	re Preac	CONDITION GIV	EN IN PART		VAS AUTOPSY ERFORMED?
20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	0b. DESCI	RIBE HOW INJURY OCCURRI	ED. (Enter noture o	of injury in	Port I or Port I	l of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. IN: While of work	Not while fo	ACE OF INJURY ( octory, street, offic			er tawn)	(C	ounty)	(State)
21. I certify the alive on Fel		lecease , 159	from January , and that death		8:35	A M, from		nd on th		
ACTUAL SIGNATURE	girlin	de	1				e Hospi	tal		2/6/59
220. BURIAL, CREMATIO REMOVAL (Specify)	Agustin del	Camp	22c. NAME OF CEMETERY C		SVIII		ON (City, town, c			(State)
Burial	2-9-59		St. Johns				licott C			
23. FUNERAL DIRECTOR  F.G. Higinb	othom.Ellic	ott C			240. REC	D BY REGISTRA		TRAR'S SIG		

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VS A15 (4) 15M 10/57 M

1739 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Cari	roll		MARYLAND	o. STATE	NCE (Where deceased	b. COUNTY	Carro		sion)
b. CITY OR TOWN RURAL and give Frizelt		its, write c.	Lifetime	c. CITY OR TO	WN (If outside corpor	ate limits, write RI	URAL and give	e nearest law	n)
d. NAME OF HOSP OR INSTITUTION	PITAL (Îf not in hospital, g V	give street odd	iress)	d. STREET ADD	RESS			ON	SIDENCE A FARM?
3. NAME OF DECEASED	Fir		Middle	Last	4. DATE OF	Man		Day	Yeor
(Type or print)		arles	S.	Marker	DEATH	Februar	4		19
5. SEX Male	White	WIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday) 90 yrs.	Months Do	ys Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work	done 10b. KIN	ND OF BUSINESS OR INDU				12. CITIZE	N OF WHAT	COUNTRY
Retired	rking life, even if retired		Form	Marryl	2 2		TT	C A	
13. FATHER'S NAME	rarmer.	OWI	Farm	Maryla 14. MOTHER'S MA			Uei	S.A.	
	Marker			Saral		е			
15. WAS DECEASED EN	/ER IN U. S. ARMED FOR			INFORMANT		Addr		J AA	
no	EATH [Enter anly one co			. Walter M	Marker, We	stminste	r, Mary	land	R.D.
Canditions, if gave rise to cause (a), stating lying cause last	g the under-	400	rterios yperter	selen seon	rowha aties	carlin	ò	S-7	y y co
ICATI			STRIBUTING TO DEATH BUT				EN IN PART 1	PERFC	AUTOPSY DRMED?
	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	200. DESCRI	BE HOW INJURY OCCURRE	D. (Enter nature of in	njury in Part I ar Part	II of item IB.)			
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. INJU While ol work	Nat white? fo	ACE OF INJURY (Hor actory, street, affice bl	ne, farm, 20f. (City dg., etc.)	or tawn)	(Cou	inty)	(State)
21. I certify alive on	that Lattended the	4	from tely  The and that death  Reche				nd an the	date stat	
PHYSICIAN'S NAME (Type)	W. Glenn S	peiche	r, Westminst	er, Md.				//	
220. BURIAL, CREMATI REMOVAL (Specify Burial	Feb. 16.		2c. NAME OF CEMETERY C Baust Cemet		7-1	one, Car		(Sto	
23. FUNERAL DIRECTO	R'S SIGNATURE	-11/	ADDRESS		la. REC'D BY REGISTE		TRAR'S SIGN		224
C.O.Fuss	& Son	ess	Taneytown, M		ATEFEB 1 6 '59		hun S. H		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be accepted far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.
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VS A1S (4) 15M 9/S5

		174	0	CERTI	FIC/	ATE OF D	EATH			Reg. D	ist. No		
1. Pl	COUNTY Ca	rroll		MARY	LAND	2. USUAL RESID	Mary		lived. If instituti b. COUNTY			ne ry	ion)
b		outside corporate lim	its, write c. LE	NGTH OF STAY	IN 1b	c. CITY OR T	OWN (If o	utside corpor	rote limits, write R				7)
	Springfie	ld State F	lospital	15 de	ays	Silv	rer S	pring			15	56	-2
d	NAME OF HOSPITA	AL (If not in hospital, s	give street oddre			d. STREET AI	DDRESS					. IS RES	IDENCE
	Sykesvill	e, Marylar	rd			18 1	Vesse:	x Road				YES [	FARM?
3. N	AME OF	Fir	rst	Middle		Lost		4. DATE	Mon	th	De	у	Year
	ppe or print)	Edwa	ard	Georg	ge	MARTIN		OF DEATH	Februa	ry	2	4.	19 59
5. SE	X	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	ED 🔲	B. DATE OF BIRTH			9. AGE (In years		RIYEAR	IF UND	ER 24 HRS.
1	Male	White	WIDOWED [	DIVORCE	0 0	April 20	), 18	87	7] yrs.	Months	Days	Hours	Min.
10a.	USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b KIND	OF BUSINESS O	RINDU	STRY 11. BIRTHPL	CE (State	ar foreign ca	ountry)	12. C	ITIZEN C	F WHAT	COUNTRY
F	Cood Analy	st & SUPER	VISOR RI	STAURAN	TE	DUIP. New	York				U.S.	A .	
	ATHER'S NAME					14. MOTHER'S		IAME					
XX	MXXXX	CHARLES W	. MARTII	N		XVala	XXXX	MI	NNIE (ui	nknow	m)		
15. V		IN U. S. ARMED FOR		AL SECURITY NO	. 17. 1	NFORMANT			Add	ress			
(141.	No	f yes, give war or dates of s	ye	25.		Springfie	ald H	ospita	1 Record	S			
	B. CAUSE OF DEA	TH [Enter only one co	ouse per line for	(a), (b), and (c).	]						INT	ERVAL BE	TWEEN
	PART I. DEAT	H WAS CAUSED BY:	Arter	iosclero	otic	heart di	seas	9				Year:	
	420.0	DUE TO											
	Conditions, if on	y, which )	4										
	gove rise to in couse (o), stoting t	mediote (											
	lying couse lost.	ne under-	:)(:										
Z	PART II. OTH	er significant con	DITIONS CONTR	BUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION CIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
CATION		hopneumoni		arterio	DECT	erosis wi	ren b	sychou	ic reacc	TOH		YES T	NO [
E .	20g. ACCIDENT WAS	UNDERLYING IT		HOW INJURY O	CCURRE	D. (Enter noture of	injury in F	ort I or Port	If of item 18.)				
CERTI	IF EITHER, NOTIFY	CAUSE OF DEATH											
N S		Month, Day, Ye			20e. PL	ACE OF INJURY (H	lome, form	20f. (City	or town)		(County)		(Stote)
MEDICAL	Hour o.m.	19	While of work	Not while of work	10	ctory, street, office	Diag., etc.	3					
-		at I attended the	deceased fr	om Febra	1970	9. 19 59	to Fe	hmiarv	24.10 59	that I	last se	au tho	docease
		bruary 24											
		7	1. /	2	o de din	occorred di			reet, city or town,		ine da		ATE SIGNE
	ACTUAL A	rishu	all. C	mes	20	M.D. Spri						2/	25/59
	1 //			11		m.b1210C13	48×405	#64_J#66	Tre year				21.6.1.1.
	PHYSICIAN'S / A	gustin de	lCampo,	M.D.		Syke	svill	e, Mar	yland.				
220.	BURIAL, CREMATION	J, 22b. DATE THEREC	OF 22c.	NAME OF CEME	TERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stat	e)
BU	REMOVAL (Specify)	2/28/59	UN	ION CEME	TER	Y		ROCK	VILLE, M	ARYLA	ND		
23, £	UNERAL DIRECTOR'S			ADDRESS	D. T. A.T.	2 1/12	24a. REC'I	BY REGISTI	RAR 24b. REGIS	STRAR'S S	IGNATU	RE	
1	aymoud	a. Bis	Ea S	ILVER SP	KIN	s, MD.	DATE	3 2 6 '5	9 an	Chan S.	trav	4	

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VS A15 (4) 15M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1741 CERTIFICATE OF DEATH

1. PLACE OF DEATH								Keg. DIS		
Carrolle			MARY		USUAL RESIDENCE (W. o. STATE Maryland	here deceased	b. COUNTY	on Residence	ce before	admission)
	f autside corporate limi	its, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	outside corpo			give neares	st town)
Sykesvil	le.		yr.10mo.1	3d.	I jamsvill	e	10	7 X -	2	
OK INSTITUTION	AL (If not in hospital, sold State H				d. STREET ADDRESS					IS RESIDENCE ON A FARM? (ES A NO
3. NAME OF DECEASED (Type or print)	Fi	'si	R.Middle	h	Last	4. DATE OF	Mon		Day	Year
5. SEX	Emanuel		Kettic	- 577   0	Nagle	DEATH	Febru		3	19 59
Male	6. COLOR OR RACE	WIDOWED	DIVORCED		3/16/74		9. AGE (in years last birthday) 84. yrs.			UNDER 24 HRS. fours Min.
10o. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b. KIN	ND OF BUSINESS OF	R INDUSTR	11. BIRTHPLACE (State	e ar foreign co	ountry)	12. CIT	ZEN OF	WHAT COUNTRY
Carpenter		<u></u>			Maryland			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Thomas F.	Nagle				Elizabeth	Hutch	eson			
IS. WAS DECEASED EVE			CIAL SECURITY NO.	17. INFO	RMANT	114001	Add	ress		
no	(ir yes, give war or doles or s	-		Sp	ringfield H	Hospita	1 Record	S		
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o				heart dise					AL BETWEEN AND DEATH
Canditions, if a	DUE TO									
gave rise to it cause (a), stoting lying cause last.	the under-									
	or the pr	ostate			is with psy					WAS AUTOPSY PERFORMED?
PART II. OTH Carcin ome CBS ASSO 20a. ACCIDENT WAS CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)				Enter nature of injury in			II.		LI NO
ZOc. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yes	20d. INJU While at work	RY OCCURRED :	20e. PLACE factor	OF INJURY (Hame, fare, street, office bldg., et	m, 20f. (City	ar town)	(C	ounty)	(State)
	at I attended the	deceased	from 3/20	/	19.56 , ta_2	/3/	19.59	,,that I le	ast saw	the decease
21. I certify th			^	death o	corred at 1:30	m M from	the couses o	1		stated about
21. I certify the alive an2,	/3/	_, 19_5	y_, and that	deaill of		ELECTIVITY IT OIL		ing on th	e date	Maried Opposi
	73/ prestr	12 5	of Car	6	Springfi	ADDRESS (SI	reet, city or town,	state)	2/3/	
alive an2	gustin Del	19 5 Gampo	D Car	6		eld St	ate Hosp	state)	2/3/	DATE SIGNE
actual signature	gustin gustin Del		D Car	npa	Springfi Sykesvil	eld St	reel, city or town, ate Hosp ryland ION,(City, town, c	ital	2/3/	

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1742 CERTIFICATE OF DEATH

01741. Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY AND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest Jown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Renal Watningly	X Rumal Witnessler
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Westmann PD #6	1 d. STREET ADDRESS  IN 1ST RESIDENCE ON A FARM?  YES NO   VES NO
3. NAME OF DECEASED (Type or print) AGNES GERTRUDE	NELSON 4. DATE Month Day Year OF DEATH FEB. 2 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	8 DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H/S. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU dbring most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME 9. PRABE	14. MOTHER'S MAIDEN NAME
15. WAS OFCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address Martha M. Nelsing Westminster and RI
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Henorhage Interval Between ONSET AND DEATH
Conditions, if any, which) (b) arterio Se	lesses & cardio - 1041s
gave rise to immediate coese (a), stating the under-lying couse lost.  DUE TO ULLULAR	V Revaldlisease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (If EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	D. (Enter noture of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. 19 While Not while of work 19 to work 19	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Nov	1956 to Felic 2 , 1959, that I last saw the deceased
ACTUAL SIGNATURE Wylend Speiches	accurred at 4.34 M, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
SIGNATURE  PHYSICIAN'S NAME (Type)	M.D. CVI MINISTER SHIP 5-4- 1955
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) FEB. 5. 1659 WEATH MADE	R CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS	249 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE FEB 4 '59 Cuthury & Known
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1743

CERTIFICATE OF DEATH

01746

2,3,0				Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	MARYLAND	a. STATE	re deceased lived. If institution b. COUNTY	
Carroll		Maryland	Carrol	
<ul> <li>b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)</li> </ul>			tside carporate limits, write RUI	RAL and give nearest tawn)
Sykesville	2 mo. 12 day	Sykesville		
d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION		d. STREET ADDRESS	7 R	e, IS RESIDENCE ON A FARM?
Springfield State Hospi	rat	Oakland Mil	1 Road	YES NO
3. NAME OF First DECEASED (Type or print) Elizabeth	Middle <b>Virginia</b>		4. DATE Month OF DEATH To have	
		B. DATE OF BIRTH	rentus	FUNDER 1 YEAR IF UNDER 24 HRS.
	WED DIVORCED	September 30.		Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	b. KIND OF BUSINESS OR INDU		r foreign cauntry)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Pennsylva		U.S.A.
13. FATHER'S NAME		14 MOTHER'S MAIDEN NA	ME	
George W. Eby			File	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 1 [Yes, no or unknown)	6. SOCIAL SECURITY NO. 17. II	NFORMANT	Addres	35
no =		Springfield Ho	spital Records	
18. CAUSE OF DEATH [Enter anly one cause per	line far (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Bronchopneumon	ia		ONSET AND DEATH
491X DUE TO				
Conditions, if ony, which (b)				
couse (a), stating the under-				
lying cause lost. (c)				
PART II. OTHER SIGNIFICANT CONDITION				PERFORMED?
CBS ASSOC. WITH CEREBRA	L ARTERIOSCIERO		CHOTIC REACTION	YES NO A
PART II. OTHER SIGNIFICANT CONDITION  CBS ASSOC. WITH CEREBRA  20s. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	irt I ar Part II of item 18.)	
S 20c. TIME OF INJURY Month, Day, Yeor 20d.	INJURY OCCURRED 20e. PL	ACE OF INJURY IHame, farm,	20f. (City or town)	(Caunty) (State)
Haur a.m. Whi	le Nat while fac	ctary, street, office bldg., etc.)		(5.5.6)
21. I certify that I attended the dece	osed fram. <u>December</u>	13,19 58, to Fel	oruary 24,19 59	that I last saw the deceosed
olive on February 24. , 19	59, and that death	occurred of 8:05p	M, from the couses on	d on the date stated above
C. Act			DDRESS (Street, city or town, st	
SIGNATURE Courses de	when	un Springfie	eld State Hosp:	ital. 2/25/59
SIGNATURE		m.bPri friend		
PHYSICIAN'S NAME (Type) Edmund Lusthaus	M.D.	Sykesvil	le, Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, tawn, ar	caunty) (State)
*BUHIAL'S 2/27/59	BALTIMORE	CEMETERY		MARYLAND.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
HENRY SANDER & SONS	THE BALTTMOR	RE MD. DATE FEE	2 1 00	2, , , , , , , , , , , , , , , , , , ,

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECT R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be a sched for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shape the effiled with the registrar prior to burial, crematian, or remayal, and in any event within 72 hours ofter death.

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haurs ofter death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	STATE OF STA		
Sweet Station County			
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NO.		W. D. S. J. J	A Section
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

745 CERTIFICATE OF DEATI	13	CERTIFICATE	OF	DEAT	H
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01748

	1 (45						Reg. Dist	. No,	
1. PLACE OF DEATH o. COUNTY Ca	arroll	MARYLAND	2. USUAL RESI	Maryl		ived. If institution b. COUNTY	_	ederi	
b. CITY OR TOWN ( RURAL and give n Sykesvil	If outside corporate limits, write earest town)  Le	c. LENGTH OF STAY IN 16  3yrs.10mos.12c	11	TOWN (If outs		te limits, write R	URAL and giv	210	town) V
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree		d. STREET /	DDRESS E. Patr	ick S	treet		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Katherine Ge	ertrude Goolsby	y Ponto		OF DEATH	Febru		Day 13,	Year 19 59
5. SEX Female	7.797 4.	RRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRT			AGE (In years lost birthday) 80 yrs.		YEAR IF U	NDER 24 HRS. Min.
10a. USUAL OCCUPATION during most of wor Housewill	king life, even if retired)	b. KIND OF BUSINESS OR INDU		ACE (Stote or	foreign cour	ntry)		U.S.A	HAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NA	ME				
John Go				garet [	owe -	Ĵ			
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	9.7	nformant Springfi	eld Hos	spital	Record			
PART 1. DE/ 420.00 Conditions, if a gove rise to i couse (o), stoting lying couse lost.	ony, which the under the under (c)	teriosclerotic		isease				ONSEL A	L BETWEEN ND DEATH 275
5 fying ph	rase. Pyeloner	TENTE HOUSE PEACE BUT THE PARTY OF THE PARTY		ribscie		of item 18.1	en Husi		REORMED?
OR CONTRIBUTING	MEDICAL EXAMINER)		D. (Ellier Holore e						
20c. TIME OF INJUI Hour o. m. p. m.	Whil		ACE OF INJURY ( ctory, street, office	Home, farm, e bldg., etc.)	20f. (City or	r town)	(Co	unty)	(State)
21. I certify the alive on Fel Actual SIGNATURE PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATIC	ed I attended the deced bruary 12, 19 Mund Lusthau  DN.   22b. DATE THEREOF	59, and that death	accurred at  M.D. Spr  Syk	3:45A AD ingfiel	M, fram DRESS (Street Ld Hos	et, city or lown, pital	and an the	date si	tated abave DATE SIGNED 2/13/59
Burial I	2/16/59	Zion Memor			Cumbe	erland	Md.		State)
Charles		Cumberland, M	d.	DATEFEB	PY REGISTRA		strar's sign		

tral director, be filed with O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. the haspital ar attending physician. moy be retained to TO FUNERAL DIREC

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 9/55

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	Mary Park Indirector		et en out une l'en entre title
	as Mariantes		
	M AT LESS OF		APART Exhaust a payment

# FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is necessory, please execute the certificate, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your lies.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board realth, or its designated agent, prior to buriol, cremotion, or removal, and in any event within 72 houryfolter death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1)	1	7	4	IJ
Dist					

7.600	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY avall MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY (Attack)
b. CIFY OR TOWN (It guiside corporate limits, write RURAL ond give recreat house)  CLESIMEINSTEED  LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	18 Grandview live.  e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO.} \)
3. NAME OF DECEASED (Type or print) Mar Garet E.	Paith The Month Doy Year DEATH TELL 2/ 1959
5. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 0.  Flemale WIDOWED DIVORCED 0	DATE OF BIRTH  2-23-1916  9. AGE IIn years IF UNDER 1YEAR IF UNDER 24 HRS.  Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Hardware Affect	RY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
To A. Mayer H.	Butha of Bortner
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  [16. SOCIAL SECURITY NO. 17. IN [If yes, give war or dayles of service]	Parl E. Raith - Superille, mel.
PART 1. DEATH Enter only one couse per line for (o), (b), and (c). ]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  LERON ARY  OUE TO	-CULSION INTERVAL BETWEEN ONSET AND GEATH MIN
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. (c)	
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  200. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	nter nature of injury in Port I or Port If of item 18.}
20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e. PLAC factor work of wor	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)
21. I certify that I taak charge of the remains described abortapinion death resulted fram: Natural causes , Accident	, Suicide , Hamicide , Undetermined manner
SIGNATURE RULLS & NOTED	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER
EXAMINER'S NAME (Type) AM ES T  220. BURIAL, CREMATION, 1226. DATE THEREOF 1226. NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER 2 2 -7-1 - 3 9  CREMATORY [22d. LOCATION (City/lows-or county)] (Stote)
REMOVAL (Specify) 2-25-59 Mercland Mer.  23. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS	weight the Ballinore, Mil.
Fulto A. Haight Ofyhisalle	246. REC'D BY REGISTRAR 246. REGISTRAR'S STGNATURE CITILING S. Hoseld

STEER CHARLES - RESISTANCE OF THE MERCHANIST AND THE STEER OF THE STEE

CERTIFICATE OF DEATH 1746 Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Cartoli b. COUNTY MARYLAND CARROLI b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) Sykesy111e/ Baltimore Sykesville d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE Walbrook ON A FARM? State Hospital YES NO Springfield State Hospital DATE NAME OF DECEASED Feilding Middle Month Year (Type or print) Feilding DEATH Rambo 19 59 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 63 birthday) Manths Days WIDOWED | DIVORCED T Male White 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Brazil unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ethel Bass Dr. Stafford Rambo 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Springfield State Hospital Records unknown none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute peritonitis Davs DUE TO Acute membranous colitis Canditions, if any, which Days gave rise to immediate DUE TO cause (a), stoling the under-Bronchopneumonia Days lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PEREQRMED? Dementia Praecox, catatonic type. YES P NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Hour o. m While Nat while at work 19 1955 21. I certify that I attended the deceased fram August 19.59 that I last saw the deceased , and that death accurred at 5:06 \_M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Springfield State Hospital PHYSICIAN'S Walter Knopp, M.D. Sykesville, Maryland oy be r 22c. NAME OF CEMETERY OR CREMATORY 22a. BURIAL, CREMATION, 22d. LOCATION (City, town, or county) (State) 2/28/59 Loudon Park Cemetery Balto.Md. 10 STOP WHO WELL Direct or SPRESS 4101 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR Edmondson VS A15 (4) 15M 9/55 arthur S. Krans DATEMAR

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A1S (4) 15M 9/55

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
1747	CERTIFICATE OF DEATH	

				Nag. Dist. 140.
PLACE OF DEATH O. COUNTY	MARYLAND	o. STATE	b. COUNTY	
Carroll		Mary		Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)  Sykesville	19yrs. 2mos. 9d		Ridge. R#1	JRAL and give nearest fown)
d. NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION Springfield State H	eet oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
				YES NO
3. NAME OF DECEASED (Type or print) George	Middle E	Ramsburg	4. DATE Mont OF DEATH Februar	
37.2	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH November 28.	9. AGE (In years last birthday) 78 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS.  Manths Doys Haurs Min.
0a. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDU		or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer	-	Maryland		U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
George S. Ramsburg		Ellen L.	Holland	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   {   {	16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	o15
(Yes, no. or unknown) (If yes, give wor or dates of service)		Springfield Ho	spital Records	3)
18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY:	rte rioscleroti	c heart diseas	A	ONSET AND DEATH Years
420.0 DUE TO				
[D]	eneralized arte	riosclerosis		Years
gave rise to immediate couse (o), stoting the under-		The Market of the Control of the Con	125 X 00 15-	
lying couse last. (c)				
Part II. OTHER SIGNIBICANT CONDITION PSYCHOSIS WITH CETEORS  Bronchopne umonia  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	S CONTRIBUTING TO DEATH BUT Tarteriosciero	NOT RELATED TO THE TERMIN	val disease condition give	EN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING OF ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	ort 1 ar Part II of item 18.)	
Hour a.m.	I.	ACE OF INJURY (Home, form, clory, street, office bldg., etc.	20f. (City or town)	(County) (State)
		m 3	35 50	
21. I certify that I attended the dece				
alive on February 15, 19	259, and that deoth	occurred at 9:30P	_M, from the causes a	nd on the dote stated above
( ) + , n	00		ADDRESS (Street, city or town,	stole) DATE SIGNE
SIGNATURE LOUSING de	& Chupo	M.D. Springfie	eld Hospital	2/15/59
PHYSICIAN'S Agustin delCam	po, M.D.	Sykesvil	le, Maryland	
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	r county) (State)
Burry 2-18-59	Creagerste	wn Cem.	Creagerstew	M73
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE
Comment to Thomas	1 Murmi	The		Clar & House

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VS A15 (4) 15M 9/55 0

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

1748 CERTIFICATE OF DEATH

Reg. Dist. No. 01752

	PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE		lived. If institution b. COUNTY Ball			ssion)
_	b. CITY OR TOWN (III	foutside corporate limits, write		Marylan	N (If outside corpor				vn)
	RURAL and give ne	orest town)				2		LL	
-	Sykesvill	AL (If not in hospital, give stre	19 mo. 22days	Baltimo		3 4	01-	I a IS RE	SIDENCE
	OR INSTITUTION	ald State Hosp						ON	A FARM?
2	NAME OF	first			Lafayett				
	DECEASED (Type or print)		Middle	lost 7	4. DATE OF DEATH	Month		Day	Year
-	SEX	Bessie	Adelie	Reid  B. DATE OF BIRTH		Februa:	ry 20	YEAD IE HAI	1959
-			WED DIVORCED DIVORCED		15 1071	9. AGE (In years last birthday)	Months E	Days Hours	Min.
100	Female	MILLOG	b. KIND OF BUSINESS OR INDU	September			12 CITIZ	ENI OF WHA	T COUNTRY?
	during most of work	ing life, even if retired)	D. KIND OF BOSINESS OR INDO			,			COUNTRIP
12	Housewife FATHER'S NAME		-	Mary La			U.	5.A.	
13.									
_	Charles R		6. SOCIAL SECURITY NO. 17. I	Carry	CTemm	Addre			
		If yes, give war or dates of service)					155		
	no	-		Springfield	Hospita.	L Records			
		TH [Enter only one couse per						INTERVAL B	D DEATH
	A	TH WAS CAUSED BY: IMMEDIATE CAUSE (0) A3	rteriosclerotic	heart dise	ase.			yea	rs
	420.0	DUE TO							
	Canditions, if or	y, which ) (b) Ge	eneralized arter	riosclerosi	s.		-5-1	yea	rs
	gave rise to in couse (a), stating t							175	
_	lying cause last.	) (c)							
ē.	CBS ASSOC	er significant condition with cerebra	S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE	PSYNCHOLES!	Scondificator.	HIN PART	1(a) 19. WAS	ORMED?
3	Fracture	of right elbor	il.					YES [	NO 🔀
CERTIF	20a. ACCIDENT WA	S UNDERLYING () 206. D CAUSE OF DEATH MEDICAL EXAMINER) (Death	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of inju	ory in Part I or Part	11 of item 18.)			
C		1 1 0.1	tient fell from						
NO	20c. TIME OF INJURY	Month, Day, Year 20d	1 1-	ACE OF INJURY (Homestory, street, office bld	e, farm, 20f. (City	or town)	(Co	unty)	(State)
ME	6:30 p.m.		IG IAOI MIIIIG	pital		sville, C	arrol	1, Mar	yland
	21. I certify the	at I attended the dece	ased fram 3/28/58	to	2/20/59	. 19	that I la	ist saw the	deceased
	olive an 2/2		, and that deoth						
		1-/	1 0			reet, city or town, s			ATE SIGNED
	ACTUAL LOS	usly de	Compo	M.D. Sprin	field St	ate Hospi	tal	2/20	/59
	1	4	- 1	mioaeguesaeq					
	PHYSICIAN'S // A	gustin del Car	mpo. M.D.	Sylves	ville, Ma	ryland			
221	BURIAL, CREMATION	N. 226. DATE THEREOF	22c. NAME OF CEMETERY O			ION (City, town (a)	county)	(\$10	1917
'	REMOVAL (Specify)	2/23/59	X/Reen 1	Mount	1	Jallo		Mes	
23.	FUNERAL DIRECTOR	SIGNATURE	ADDRESS /	240	REC'D BY REGIST	RAR 246. REGIST	RAR'S SIGN	NATURE	
0	Lemand	I well	J305 Harf	erd DA	ILDAT	ar ar	Thung S.	Trace	
	1	/	/>	·					

in a compare to fire the latter by the original Mary Tim, Maryland

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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1749	CERTIFI	CATE OF D	PEATH			Reg. Dis	t. No.	
1. PLACE OF DEATH o. COUNTY Carroll	MARYLAN	2. USUAL RESIL O. STATE Mary	PENCE (When	e deceased live	d. If institution b. COUNTY		e before	admission)
b. CITY OR TOWN (If outside carporote limits, write SURAL and give negrest town)	c. LENGTH OF STAY IN (home)			ide corporote			ive neare:	st town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION (HOME)		d. STREET A		e Da	v Ros	đ		IS RESIDENCE ON A FARM? (ES NO D
3. NAME OF DECEASED (Type or print) PayMonD L	RIDGA	=Way		OF DEATH	Fiel-	ith	Doy 19	Yeor 19-5%
Male White widow		May 19,	1926	3	GE (In years ost birthdoy)  2 yrs.		-	UNDER 24 HRS. Hours Min.
Carry Distributor - 8%0	Railroad			foreign countr			U.S.	WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME				
Ralph Raymond Ridgewa	y	Eul	a Bel	16				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFORMANT			Add	ress		
Yes W.W. II	20-18-125	Mrs. Ral	ph Ri	dgewa	y Bru	unswi	ck.	Md.
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]	2 1	,				INTERV	AL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Corona	ry Horn	mho	sis (	man	521	ONSEI	AND DEATH
420.1 DUE TO		1			Ú		11.	1450
Conditions, if ony, which ) (b)							pure	4.
gove rise to immediate cause (a), stating the <u>under-lying cause lost.</u> DUE TO  (c)							74	619,193
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINA	AL DISEASE CO	NDITION GIV	EN IN PART		WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJURY OCCU	JRRED. (Enter noture of	f injury in Pol	rt I or Part II o	f item 18.)			
YOUR DOLLARS OF INJURY Month, Day, Year 20d. I While p. m. 19 of wor	_ Nat while_	e. PLACE OF INJURY (I factory, street, office	Home, farm, bldg., etc.)	20f. (City or t	own)	(C	ounty)	(State)
21. I certify that I attended the deceas	ed from Luc	, 1958	, to 19	Jeh	1959	that I le	ast saw	the decease
alive on 19 7th , 195	9 , and that de	eath accurred at.	6.454	M, fram th				
ACTUAL HOWARD &	Hall	M.D.		DRESS (Street,			19	DATE SIGNE
PHYSICIAN'S A			1					
220. BURIAL CREMATION, 22b. DATE THEREOF Feb. 22, 15	22c. NAME OF CEMETER Park He			d. LOCATION		,,	land	(Stote)
23. EUNERAL DIRECTOR'S SIGNATURE  BY  Leste Br	ADDRESS unswick, M	d.	24o. REC'D I	PY REGISTRAR 2 4 '59	24b. REGIS	STRAR'S SIG	NATURE	

HIANG SO TIANTINES  THE RESERVE OF THE PROPERTY OF THE PROPERT			the control of	
	HTANG TO STATE		À	
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			10-11-04	
			1.25	THE REAL PROPERTY.
		M - No. You		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No.

Months

e. IS RESIDENCE

ON A FARM?

YES T NO TO

Year

19 V

Min.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO S

> > (State)

DATE SIGNED

(Stote)

YES [

(County)

ar county)

12. CITIZEN OF WHAT COUNTRY?

US.A

VS A15 (4) 15M 9/55

		CERTIFICA	
		Section 1	
		A STATE OF THE PARTY	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTAR: After this certificate has been signed by the attending physician and campletely filled in by the functor director. Page 3 should be accorded for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the haspital or attending physician. R: After this certificate has been signed by the attending physician and campletely filled in by the Sched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sh MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1759

CERTIFICATE OF DEATH

		i a d j		CLKI	11107	TIE OI D	LAIII			Reg. D	st. No.		
	Carro	.11		MAR	YLAND	a. STATE	vland	re decease	d lived. If instituti b. COUNTY			e admiss	on)
	. CITY OR TOWN I	If outside carporate limi	ts, write	c. LENGTH OF STA	YIN 16			tside corpo	rate limits, write R			rest town	)
	Sykesvill	earest town)		9 m 10 da	ays		timore		12 2 3 5 5 5		01		V
	NAME OF HOSPIT	d State Ho	ive street	address)		d. STREET A	DDRESS					. IS RES	FARM?
=						136 N.			ve			YES [	ио 🔀
	NAME OF DECEASED (Type or print)	William	st	Middl	e	Schreib		4. DATE OF DEATH	2	nth	21		959
5. 9	EX	6. COLOR OR RACE	7. MARR	IED NEVER MARR	RIED 🔲	B. DATE OF BIRTH	1		9. AGE (In years last birthday)				R 24 HRS.
	M	W	WIDOWE	DIVORC	ED 🔲	9-27-7	9		79 yrs.	Months	Days	Hours	Min.
100 F	during most of work	ON (Give kind of work king life, even if retired DOERSTOR	done 10b.	KIND OF BUSINESS	OR INDUS	Maryl Maryl		r fareign c	ountry)		S.A		COUNTRY?
13.	FATHER'S NAME					14. MOTHER'S		AME					
	Herman	Schreibe	r			Lena							
		R IN U. S. ARMED FOR (If yes, give war or dates of s	ervice) 23	SOCIAL SECURITY NO. 8001-0021		NFORMANT		spita	Add 1 Record				
	18. CAUSE OF DEA	ATH [Enter only one co	use per liz	ne far (a), (b), and (c				-			INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Art	erboscler	otic	cardiova	scular	r dis	ease		ye	ars	DEATH
	422,1	DUE TO											
	Conditions, if a		Ge	neralized	arte	rioscler	osis					year	S
	gave rise to i couse (o), stating	mmediate (			eu l								
	lying cause last.	) (0	)										
CERTIFICATION	C.B.S. II. OTH	ER SIGNIFICANT CON	ellept	OMINIBULING TO P	oscie	NOI RELAIED TO	th ps	AL DISEAS	reaction,	EN IN PAR	T 1(a) 15		NO T
CERTIFI	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING []  A CAUSE OF DEATH  MEDICAL EXAMINER)	pt. DESC	fell on t	ne wa	Enter ridiur of	inwais Pa	notif	led; Hel	eased	the	bod	у.
CAL	20c. TIME OF INJUR	Y Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PL/	ACE OF INJURY (H	tome, farm,	20f. (City	or town)	(	County)		(Stote)
MEDICAL	31:30° m.	12 18:5	8 While	Not while of wark	ho	spital w	ard etc.)	Syke	sville,	~	roll		, Md
	21. I certify th	at I attended the	deceas	ed from 5-	12-		, to	2-21					deceased
	alive on 2	21-	, 19/5	2, and tha	t death	occurred ot			n the causes o		he dot		
	ACTUAL Z	S. 1	4	11/1	0				reet, city ar town,			DA	TE SIGNED
	SIGNATURE	rung	acc		- u	wo Sprin	gfiel	d Sta	te Hospi	tal		2	-22-59
	PHYSICIAN'S ENAME (Type)	Edmund Lust	haus	M.D.		Sykesv	ille,	Mary	land.				****
220	BURIAL, CREMATIO		F	22c. NAME OF CEA	METERY OF	R CREMATORY	2	22d. LOCA	ION (City, town,			(State	)
B	urial	2/25/59	)	L oudon	Pk.		H	salt:	imore 29	3, Mo	i.		
23.	ONE AND RECTOR		Marie .	ADDRESS			24a. REC'D			STRAR'S SI	GNATUR	E	
VV	itzke F	uneral Di	rect	ors, 410	l Edi	mondson	DAFVE	FEB 2	4.28	arthu	18 4		



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W. Camer			via ir st seit
		10 E . E . W.	

Westminster, Maryland

VS A15 (4) 15M 9/55

John R. Byers

FEB 1 8 39

24b. REGISTRAR'S SIGNATURE

DATE

Orthun S. Kraus

(Caunty)

Reg. Dist. No.

Months

Carroll

Day

Days

IF UNDER 1 YEAR IF UNDER 24 HRS

USA

Hours

INTERVAL BETWEEN ONSET AND DEATH

culin 10 year,

PERFORMED? YES NO

(State)

12. CITIZEN OF WHAT COUNTRY?

e. IS RESIDENCE

ON A FARM?

YES NO

Year

Carroll				l come
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20 125	energy div		ngosil	R.F.B. FA
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Total				manusch (minute) in the Atlanta (1975). Atlanta (1975) in the Atlanta (1975) in the Atla
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	edian Jacque	9 - 15 1, to betterood	in the second	

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# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

01757

753	CERTIFICATE	OF	DEATH	

S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   Proper to the brithdoy)   B. DATE OF BIRTH   Proper to the brithdoy   Months   Days   Da									Keg. Dist.	No.	
Catholic Cat	1. PLACE OF DEATH				2. US	UAL RESIDENCE (W	here deceased	lived. If institution	n: Residence	befare admission	)
b. CITY OR TOWN (if outlide carporate limits, write RURAL and give necest town)  RUTY ALL UNION Bridge  3 years  Union Bridge  4 STREET ADDRESS  Lost  NAME OF DECEASED (Type or print)  1 SATE  DECEASED (Type or print)  S. SEX  6. COLOR OR RACE  7. MARRIED  10. DIVONCED  10. DATE		roll	,	MARYLAND	0.		and	b. COUNTY	Carr	roll	
d. NAME OF HOSPITAL (If not in hospital, give street address)  3. NAME OF HOSPITAL (If not in hospital, give street address)  3. NAME OF BORCASED  4. DATE Month  February  7. Strausburg  10 DEAH February  7. Strausburg  8. DATE OF BIRTH  8. DATE OF BIRTH  9. ACE (In year) If Wonth  10 Doys Hours  10 Doys Hours  10 Death Burl Of Electron (In the Strain of Working Iffe, even if refired)  8. DATE OF BIRTH  9. ACE (In year) If Wonth  10 Doys Hours  11 Death Was Death (In the only one course per line for (o), (b), and (c).]  12 FATHER'S NAME  WILLIAM  WITH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  13 DATE OF BIRTH  14 MOTHER'S MAIDEN NAME  WITH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)  15 WAS DECRASED FOR HE (not only one course per line for (o), (b), and (c).]  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP WAS AUT PERFORM  18 CAUSE OF DEATH  19 DOR CONTRIBUTING LEXISED FOR DEATH  19 DOR CONTRIBUTION LEXISED FOR	RURAL and give r	earest town)			c. ×				RAL and give	e nearest tawn)	
3. NAME OF DICEASED (Type or print)  S. SEX  Female White WIDOWED DIVORCED April 26, 1878  100. USAN OCCUPATION Give kind of work done during most of working life, even if refired during most of working life, even if refired to the most of the mo	d. NAME OF HOSPI				, d		pridge	3		a se pecape	ENICE
Doy Year (It) The property of	OR INSTITUTION					JIRCEL ADDRESS				ON A FA	ARM?
5. SEX  6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In year)   Months   Doys   Hours   Housework   Maryland   U.S. A&Med   U.S. A&Med   Maryland   U.S. A&Med   Maryland   U.S. A&Med   U	DECEASED		- 100 - 140		Str		OF				59
Temple   White   Widow   Divorce   April 26, 1878   80   yrs.   100. USUAL OCCUPATION (give kind of work done   105. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stote or foreign country)   12. CITIZEN OF WHAT CO UNITY   12. CITIZEN OF WHAT CO UNITY   13. FATHER'S NAME   14. MOTHER'S MAME   14. MOTHER'S MAME   15. WAS DECEASED EVER IN U. S. ARME FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. DONE   17. DONE   17. DONE   18. CAUSE OF DEATH   Enter only one course per line for (a). (b). and (c).   PART II. DEATH WAS CAUSED BY:   (c)	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE	OF BIRTH	1 1	P. AGE (In years	FUNDER 1	YEAR IF UNDER	24 HRS.
HOUSEWORK  HOUSEWORK  OWN home  Maryland  U.S.A.  13. FATHER'S NAME  William  Miller  Susan Foreman  15. WAS DECEASED EVER IN U. S. AMED FORCES? It is. SOCIAL SECURITY NO. IT. INFORMANT  Address  William  Miller  Susan Foreman  17. INFORMANT  Address  Mrs. Joseph P. Bostian, Middleburg, Md.  18. CAUSE OF DEATH [Enter only one course per line for (a). (b). and (c).]  PART II. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (e)  DUE TO  Canditions, if any, which gover rise to immediate course (a), stoling like under-lying course lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUT PERFORM YES OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  CONTRIBUTING CAUSE OF DEATH  HOUR O  200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH  HOUR O  19. White Not white of work course of injury in Port I or Port III of idem 18.]  21. I certify that I altended the deceased from Contributing Cause and on the date stated alive an Cause of Cause of Cause of Cause of Course of Cause of Caus					Apr	11 26, 18	78	80 yrs.	Months Do	ays Hours	Min.
13. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Miles   M	during mast at wat	king life, even if refired			OUSTRY 11			untry)			DUNTRY
William Miller  Susan Foreman  15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. IT INFORMANT Address [178. no. or unknown) [It] yes, give wor or dotte of service]  16. SOCIAL SECURITY NO. IT. INFORMANT Address  Mrs. Joseph P. Bostian, Middleburg, Md.  18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate couse (b), stoing the underlying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUT PERFORMING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT		rk	Own	home					U.S	5.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  (19. m. or withown) (II yea, give year of didne of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Joseph P. Bostian, Middleburg, Md.  18. CAUSE OF DEATH [Enter only one coure per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if ony, which gover rise to immediate course (a), stoling like under lying coure last. (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) [19. WAS AUT PERFORM YES] NO CONTRIBUTING CAUSE OF DEATH (II. ETHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED How in while of work of work of the work of the course and on the date stated alive an					14. A						
The control of the							Foreman	1			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate cause (a), stoting the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUT PERFORM YES NOT CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIB				CIAL SECURITY NO. 17	. INFORM	ANT		Addre	\$\$		
PART I. DEATH WAS CAUSED BY:    Canditions, if any, which gove rise to immediate couse (o), storting the under-lying couse last.   (c)	no			1	Mrs.	Joseph P.	Bostis	an, Middl	eburg.	Md.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTPERFORM YES NOT PERFORM YES NOT CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while all work of wo	Canditions, if a gave rise to a cause (a), stating	IMMEDIATE CAUSE (a)  DUE TO  any, which immediate the under-	C	rebra Senili	ty	Leiner	arri	lay		ONSET AND DE	ATH
PERFORM YES N  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 ar Part II af item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.)  20c. TIME OF INJURY MONTH, Day,	_	. (c)									
OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Medical Examiner,  19	PART II. OT	HER SIGNIFICANT CONE	OITIONS CON	ITRIBUTING TO DEATH B	UT NOT RE	LATED TO THE TERM	NAL DISEASE	CONDITION GIVE	N IN PART 1	PERFORM	ED?
21. I certify that I attended the deceased from 36, 1959, ta 2 - 28, 1959, that I last saw the de alive an 2-26, 1959 and that death occurred at 5: P.M., from the causes and on the date stated ADDRESS (Sireet, city or town, state)  ACTUAL SIGNATURE  M.D. Cluman 2009  M.D. Cluman 20	OR CONTRIBUTING	CAUSE OF DEATH	20b. DESCRIE	BE HOW INJURY OCCUR	RED. (Enter	nature of injury in	Part 1 or Part	11 of item 1B.)			
alive an 2-26-, 1957 and that death occurred at 5' [M, from the causes and on the date stated ADDRESS (Sireet, city or town, state)  ACTUAL SIGNATURE  PHYSICIAN'S	20c. TIME OF INJUI Haur a. m. p. m.	RY Month, Day, Yea	While _	Not while	PLACE OF factory, str	INJURY (Home, formeet, office bldg., etc	m, 20f. (City o	or tawn)	(Cou	nty)	(State)
NAME (Type) T.H. Legg, M.D. Union Bridge, Maryland	alive an	nat I attended the	60		th occur	1959, ta 2 red at 5:	EM, from ADDRESS (SING	the causes an	d on the	date stated	
		H. Legg, M.	D.	1/	]	Union Bri	dge, Ma	ryland			
22c. BURIAL CREMATION, Page 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) Burial 3/2/59 United Church of Christ Cem. Taneytown, Maryland					OR CREMA	ATORY	22d. LOCATIO	ON (City, town, ar			
23. FUNERAL DIRECTOR'S SIGNATURE  C.O. Fuss & Son  Taneytown, Maryland  ADDRESS  240. REC'D BY REGISTRAR  24b. REGISTRAR'S SIGNATURE  Only  Taneytown, Maryland  DATE	23. FUNERAL DIRECTOR	'S SIGNATURE PLEAS	,	ADDRESS		24o. REC	-	AR 24b. REGIST	RAR'S SIGN	ATURE	

Taneytown, Maryland

may be retained by the TO FUNERAL DIRECT VS A15 (4) 15M 10/57

And the Course of Charles Charles Charles and the Lord THE PARTY OF LAND WARD

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

S. SEX     6. COLOR OR RACE   7. MARRIED   No. No.   No.			17	54	CERTIFIC	ATE OF DEATH	4		Reg. D	ist. No.	11	758
RURAL and give necesses form?  Wilstall, Westminster  d. NAME OF HOSPITAL (If not in hospital, give strees oddress)  OR INSTITUTION  Westminster, Md. R.D.2 (Union Mills)  Westminster, Md. R.D.2 (Union Mills)  OR NAME OF HOSPITAL (If not in hospital, give strees oddress)  Westminster, Md. R.D.2 (Union Mills)  OR NAME OF HOSPITAL (If not in hospital, give strees oddress)  Westminster, Md. R.D.2 (Union Mills)  OR SETMINSTER, Md. R.D.2 (Union Mills)  OR AFAMN  Westminster  Westminster  OR SETMINSTER  Male  Utz  S. SEX  OR COURS OR RACE  White  Whowed Distribution  Woowed Distribution  Woowed Distribution  OR AFAMN  Westminster  OR AFAMN  OR AFAMN  Westminster  OR AFAMN  Westminster  OR AFAMN  Westminster  OR AFAMN  OR AFAMN  OR AFAMN  OR AFAMN  OR AFAMN  OR AFAMN  Westminster  OR AFAMN  OR AFAM	1.	PLACE OF DEATH CATTO11			MARYLAND	- CTATE			-			ion)
Westminster, Md. R.D.2 (Union Mills)   Westminster, Md. R.D.2 (Union Mills)   ON A FARM OF DECEASED (Type or print)   Theodore   Davad   Utz   A.DATE   Month   Day   Yeor DECEASED (Type or print)   Theodore   Davad   Utz   A.DATE   Month   Day   Yeor DECEASED (Type or print)   Theodore   Davad   Utz   A.DATE   Month   Day   Yeor DEATH   February   DEATH   February   Month   Day   Yeor Male   White   WIDOWED   DIVORCED   Feb. 6, 1885   74   Month   Day		Rural, Wes	stminster		Life				URAL and	give nea	rest town	1)
DECASED (Type or print)  Theodore  David  Utz  Death Federaty 28  19.55  SEX  Marie Mile		OR INSTITUTION				117	Md. R.	D.2(Unio	n Mi		ON A	FARM?
Male   White   WIDOWED   DIVORCED   Feb.6, 1885   Total birthody   Months   Doys   Haurs   Min   Doys   Walter   Months   Doys   Haurs   Min   Doys   Walter   Months   Doys   Walter   Doys   Walter   Doys   Months   Doys   Walter   Doys   Walter   Doys   Months   Doys   Walter   Doys   Walter   Doys   Months   Doys   Doys   Months   Doys   Months   Doys   Months   Doys   Months   Doys   Months   Doys   Months   Doys   Doys		DECEASED	Theodor	e	David		OF				,	Yeor 19 59
Retired Farmer    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   Savilla Stryder     15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address     16. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).     18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).     18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).     19. WAS AUTOP PERFORMED; ying cause last.   (c)     19. WAS AUTOP PERFORMED; ying cause last.   (c)     19. WAS AUTOP PERFORMED; yes one of the performance of the	M	la1e	White	WIDOWE	DIVORCED	Feb.6, 1885		74 yrs.				Min.
George A. Utz  Is. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 220=16=4025  If yes, give wor or dote of service)  16. SOCIAL SECURITY NO. 220=16=4025  Mrs. Theodore D. Utz, Westminster, Md. R.D.  INTERVAL BETWEEN ONSET AND DEATH Squeer is a to immediate couse (a), stoling the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED ON SOTRIBUTING CAUSE (b) LOS CONTRIBUTING COUSE (c) LOS CONTRIBUTING COUSE (c) LOS CONTRIBUTING COURSED (Enter nature of injury in Part I or Part II of item 18.)  20. ACCIDENT WAS UNDERLYING COURSED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMENT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMENT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMENT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMENT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. W		Retired Fa	ing lite, even it retired									COUNTRY
(Fyes, Give wor or date, of service)   220=16=4025   Mrs. Theodore D. Utz, Westminster, Md. R. D. 2   18. CAUSE OF DEATH   Enter only one cause per line for (o), (b), and (c).		George										
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if any, which gave rise to immediate couse (a), stating the under-tying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONTRIBUTION CONT	(Ye	, no. or unknown) [ [		ervice)			D. Utz			, Md	l. R.	D.2
gave rise to immediate couse (a), stating the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work			TH WAS CAUSED BY: IMMEDIATE CAUSE (o		ne for (o), (b), and (c).]	Hemou	hag	2				
20a. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, Part I)   20f. (City or town)   (County)   (Step 1)   20c. TIME OF INJURY that I attended the deceased from 1   20c. PLACE OF INJURY (Home, farm, Part I)   20f. (City or town)   (County)   (Step 1)   20c. TIME OF INJURY that I attended the deceased from 1   20c. PLACE OF INJURY (Home, farm, Part I)   20f. (City or town)   (County)   (Step 1)   20c. TIME OF INJURY that I attended the deceased from 1   20c. PLACE OF INJURY (Home, farm, Part I)   20f. (City or town)   (County)   (Step 1)   20c. PLACE OF INJURY (Home, farm, Part I)   20c. PLACE OF INJURY (Home, farm, Part II)   20c. PLACE OF INJURY (Home, farm		gave rise to in cause (a), stating t	mediate (	Ho	gertensine (	andro-Vascu	elas	Ilisean	e		51	zeal
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of two of tw		PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(a) 19	PERFO	RMED?
Hour a. fi. p. m.  19 While of work of	CERTIF	OR CONTRIBUTING	CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Por	t II of item 1B.)				
alive on 7 200 , 1957, and that death occurred at 12:30 M, fram the causes and on the date stated ab ADDRESS (Street, city of yown, state) DATE SIG	MEDICA	Hour o. n.		While	_ Not while _ fi	LACE OF INJURY (Home, farm actory, street, office bldg., etc	20f. (City	or town)		(County)		(State)
		alive on T	7 7	1		h occurred at 12:3		n the causes a	nd on		e state	ed above
PHYSICIAN'S L. L. POTTER M.D. 12 W. KING ST. LITTLE STOWN, 220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) (Stoke)	20	PHYSICIAN'S NAME (Type)	L.L.Pa	TI	ER M.D	12 W.1			TT	LES	TO	WN, t

St. Marys Cemetery

Littlestown, Pa.

ADDRESS

Silver Run, Carroll Co., Md.

24a. REC'D BY REGISTRAR

DATEMAR 2

24b. REGISTRAR'S SIGNATURE

Citizen S. Kraus

TO HOSPITAL OR VS A15 (4) 15M 9/55

3/3/59

23. FUNERAL DIRECTOR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
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	175	5	CERT	IFIC	ATE OF DEAT	Н		Reg. Di	st. No	11]	759
1. PLACE OF DEATH COUNTY Carroll			MAR	YLAND	2. USUAL RESIDENCE (W		d lived. If institution COUNTY	ını Residen	ce befa	re admis	sian)
b. CITY OR TOWN (If RURAL and give nea Sykesville	autside corporate lim rest tawn)	its, write	c. LENGTH OF STAY		c. CITY OR TOWN (IF Baltimore	outside corpo	The state of the s	JRAL end	10,	arest tow	n)
d. NAME OF HOSPITA OR INSTITUTION Springfiel	L (If not in haspitol, od State Ho	sive street o	address)		3514 STREET ADDRESS Devonshire I	rive				ON	SIDENCE A FARM? NO 6
3. NAME OF DECEASED (Type or print)	Isado		Middle	-	White	4. DATE OF DEATH	Februa		20	ıy	Yeor X 1959
5. SEX male	6. COLOR OR RACE White	7. MARR	IED NEVER MARR		B. DATE OF BIRTH  July 31,189	98	9. AGE (In years lest birthdoy) yrs.	Months	1 YEAR Days	Hours	ER 24 HRS. Min.
during most of working Clothes mf	ng life, even if retired	n l	kind of Business ( lothes man		t. Russia	e or foreign c	ountry)	12. CIT	U.S		T COUNTRY:
13. FATHER'S NAME Lewis Whit					Esther Go						
15. WAS DECEASED EVER (Yes. no. or unknown) unknown	IN U. S. ARMED FOR yes, give wor or dates of t		SOCIAL SECURITY NO		cords of the	Spring	gfield St		osp	ital	
18. CAUSE OF DEATH PART I. DEATH 4.20.0 Conditions, if ony	H WAS CAUSED BY: IMMEDIATE CAUSE (c	Core	onary Occl	usio	n Heart Disease	3			mo		nan
⊻	R SIGNIFICANT CON	DITIONS C			NOT RELATED TO THE TERM			EN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
	CAUSE OF DEATH		CRIBE HOW INJURY O		D. (Enter noture af injury in						
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Ye	ar 20d. IN While of work		20e. PL fo	ACE OF INJURY (Hame, for ctory, street, office bldg., et	c.)			County)		(Stote)
21. I certify that alive on February Actual SIGNATURE		decease 		31 death	occurred at 1:40	ADDRESS (S	y 20 <sub>, 19</sub> 59 in the causes a treet, city or town, tate Hosp	nd an ti	last so ne da 2	te stat	deceased ed abave ATE SIGNES
PHYSICIAN'S NAME (Type)	alter Kno	pp	/ 1		Sykesvi	lle, Ma	aryland				
220. BURIAL, CREMATION REMOVAL (Specify)	2-22-19		BN41		SR9EL	22d. 10CA	TION (City, tawn, a	r county)		(Stot	te)
23. FUNERAL DIRECTOR'S Laws		100 8	ADDRESS Entare	Pl.		D BY REGIST		TRAR'S SIG			

	HEICATE OF DEATH	920	>
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Training a second	Calculations in the		
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	175	6	CERTIF	ICA	ATE OF DEATH	1		Reg. Di	st. No.	01	760
1. PLACE OF DEATH o. COUNTY	rroll		MARYL	AND	2. USUAL RESIDENCE (WHO ISTATE Maryla		d lived. If institution b. COUNTY	nı Residen Carr		• odmiss	ian)
b. CITY OR TOWN (I RURAL ond give no Sykesvi	If autside carporote limi earest town) .11e	ts, write	LENGTH OF STAY II		c. CITY OR TOWN (IF o		orate limits, write RU			rest lowr	1)
OR INSTITUTION	TAL (If not in hospitol, grield State		/ d. STREET ADDRESS None					e. IS RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	Fig.		Middle Rill		lost Wink	4. DATE OF DEATH	Februa		Day		Yeor 19 59
5. SEX Female	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIED  ED DIVORCED	_	B. DATE OF BIRTH August 13, 1	.886	9, AGE (In years lost birthdoy) 72 yrs.	Months Months	1 YEAR Days	Hours	R 24 HRS. Min.
during most of work  Cement fa	king life, even if refired	dane 10b.	KIND OF BUSINESS OR	INDU	Maryland		ountry)	12. CIT	U.S		COUNTRY
13. FATHER'S NAME Daniel Ri	11				14. MOTHER'S MAIDEN N	AME					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (It yes, give wor or dates of s	- miles	19-14-9591	17. H	Springfield	Hospi	tal Recor				
	ITH WAS CAUSED BY: IMMEDIATE CAUSE (of DUE TO  ny, which mmediate the under.  DUE TO	, I	ne for (o), (b), and (c).]  nfarction o  occlusion		yocardium due	to c	oronary		ONS	RVAL BE ET AND Hour	DEATH
C.B.S.		pitions dere			NOT RELATED TO THE JERMI erosis, with			tion.	T 1(o) 1	P. WAS . PERFO YES [	AUTOPSY PRMED? NO
	AS UNDERLYING LI CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of injury in	Part I ar Par	t II of (lem IB.)				
20c. TIME OF INJUR Hour a.m. p. m.	RY Month, Day, Yes 19	or 20d. I While at war	Not while	foc	ACE OF INJURY (Home, form tory, street, office bldg., etc	, 20f. (Cit)	or town)	(0	County)		(Stote)
21. I certify the alive on Feb  ACTUAL SIGNATURE ALIPHYSICIAN'S NAME (Type)		105 Lu	2 ,, and that a	death	24,19 58, to Fe accurred at 3:10A Springfie Sykesvill	_M, from	n the causes a treet, city or town, ate Hospi	nd on ti		e state	
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC		22c NAME OF CEMET	ERY O	R CREMATORY)		TION (City, town, o	r sounty)	0	(Stot	uf
23 FDNERAL DIRECTOR	'S SIGNATURE	97	ADDRESS //	01		D BY REGIST		TRAR'S SIG		E	1

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, or removal, and in any event within 72 haurs-after death. moy be retained the hospital ar ottending physician.

TO FUNERAL DIRECAR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. TO HOSPITAL OR

VS A15 (4) 15M 9/55

fartown state | Lairney . . . AND THE STATE SALES SHOW 100 1 st 0 000 The second series of the contributions of their passing passing of the passing of the second . . . . Gue I duck there .